

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000088879

1. Entity Name
CORPORATION 5, INC



Principal Place of Business
**371 NE 191ST ST., APT. #204
MIAMI, FL 33179-5515**

Mailing Address
**371 NE 191ST ST., APT. #204
MIAMI, FL 33179-5515**

DO NOT WRITE IN THIS SPACE



06082004 No Chg-P CR2E034 (10/03)

4. FE Number
82-0561000

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BENJAMIN, RAYMOND
371 NE 191ST ST., APT. #204
MIAMI, FL 33179-5515**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
BENJAMIN, ESTHER
2 HUMMING BIRD AVE., BOX 2317
ROSECERE, DOMINICA,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RA
BENJAMIN, RAYMOND
371 NE 191ST ST., APT. #204
MIAMI, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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08/18/04-80001-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 21, 2004
Date

305-651-7569
Daytime Phone #