

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED

06 SEP 18 AM 7:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



09132006 No Chg-P CR2E034 (11/05)

4. FEI Number **82-0561000** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006**

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
ROSEAU, 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
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**200080026262
09/21/06--01023--009 **150.00**

**DO NOT WRITE
IN THIS SPACE**

RC 9/20

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

Raymond Benjamin 9/18/06 305-651-7587