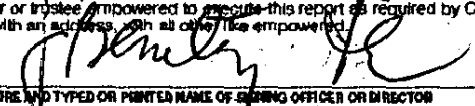


FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90126 001 ***476.25

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000103531			
1. Entity Name BENITEZ INVESTMENTS, INC.			
Principal Place of Business 11435 SW 58 TER MIAMI, FL 33173		Mailing Address 11435 SW 58 TER MIAMI, FL 33173	
2. Principal Place of Business		3. Mailing Address 7481 SW 8 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		4. FEI Number 22-3874744	
Zip 33144		Country USA	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BENITEZ, JORGE R 7481 SW 9 ST MIAMI, FL 33144-4547		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11435 SW 58 TER City MIAMI FL 33173	
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 _____ (NOTE: Registered Agent's signature required when attaching) Signature, typed or printed name of registered agent and date of application. DATE			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BENITEZ, JORGE R 11435 SW 58 TER MIAMI, FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: (1) 		4/28/2003 (205) 984-1884 Date Signature	

CR2E034 (10/02)