

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000124474

1. Entity Name
BENSON'S FORWARDING SERVICE OF MIAMI, INC.



Principal Place of Business

**2801 N.W. 74 AVENUE
SUITE 208
MIAMI, FL 33122**

Mailing Address

**2801 N.W. 74 AVENUE
SUITE 208
MIAMI, FL 33122**



03252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3886634

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COHEN, GARY P
46 S.W. FIRST STREET
SUITE 400
MIAMI, FL 33130**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
SIMOSA, JORGE
7911 NW 172ND STREET
MIAMI, FL 33015**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
BENSON, SOLOMON
9455 COLLINS AVENUE
SURFSIDE, FL 33154**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1100000503938
04/26/06-00051-014 150.00

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IN THIS SPACE**

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: *Jorge Simosa* - Jorge Simosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06 305-593-0642

Date

Daytime Phone