2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016730

Entity Name: R. BENEDETTI CO

Name:

Address:

City-St-Zip:

FILED Jun 26, 2009 Secretary of State

Entity Nai	Me: R. BENEL	DETITICO.				
Current Principal Place of Business:			New Principal Place of Business:		f Business:	
18970 BOI MIAMI, FL	8-O-LINK DR. 33015 US					
Current Mailing Address:			New Mailing Address:			
18970 BOE MIAMI, FL	3-0-LINK DR. 33015 US					
FEI Number: 06-1681376 FEI Number Applied For (FEI Number Applied For()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					New Registered Agent:	
	TI, RAFAEL A B-O-LINK DR. 33015 US					
	named entity s of Florida.	ubmits this statement for the p	urpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electron	c Signature of Registered Age	ent	Date		
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MS () BENEDETTI, MA 18970 BOB-O-L MIAMI, FL 3301	INK DR.	Title: Name: Address: City-St-Zip:	SCRT (BENEDETTI, 18970 BOB-C MIAMI, FL 33	D-LINK DR.	
Title: Name: Address: City-St-Zip:	` '		Title: Name: Address: City-St-Zip:	CEO (BENEDETTI, 18970 BOB-C MIAMI, FL 33	D-LINK DR.	
Title [.]	()	Delete	Title [.]	PRES () Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

BENEDETTI, MANUEL 18970 BOB-O-LINK DR

MIAMI, FL 33015 US

SIGNATURE: MANUEL BENEDETTI PRES 06/26/2009