

2005 FOR PROFIT CORPORATION ANNUAL REPORT



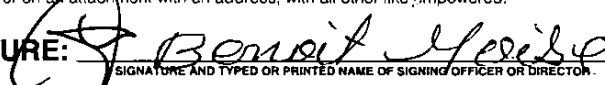
FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90028 002 ***150.00

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02042005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000027251			
1. Entity Name BEN-M-MOVING, INC.			
Principal Place of Business 367 NE 79TH STREET MIAMI, FL 33138		Mailing Address 367 NE 79TH STREET MIAMI, FL 33138	
2. Principal Place of Business		3. Mailing Address 1275 N.E. 138th ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State No. Miami FL.	
Zip	Country	Zip	Country
		33161-3424	0900
4. FEI Number 45-0506571		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACQUES, JUSTINE MOISE 1275 NE 138TH STREET N MIAMI, FL 33161-3424		7. Name and Address of New Registered Agent Name MOISE BENOIT Street Address (P.O. Box Number is Not Acceptable) 1275 N.E. 138th ST. City No. Miami FL Zip Code 33161-3424	
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 signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD JACQUES, JUSTINE MOISE 1275 NE 138TH STREET N MIAMI, FL 331613424 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOISE, BENOIT 1275 NE 138TH STREET N MIAMI, FL 331613424 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 2-1 Daytime Phone #: 786-547-5462	