

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000058361					
1. Entity Name BENAVA, INC.					
Principal Place of Business 2604 S. FEDERAL HWY FORT LAUDERDALE FL 33316			Mailing Address 2604 S. FEDERAL HWY FORT LAUDERDALE FL 33316		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FET Number 05-0571168	
6. Name and Address of Current Registered Agent MURRAY, DAVID G 1401 EAST BROWARD BLVD. SUITE 200 FORT LAUDERDALE FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when running)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD LATONA, JOSEPH 2533 AQUA VISTA BLVD. FORT LAUDERDALE FL 33301	☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: _____					



1st MOORE CR2E034 (10/05)

4. FET Number 05-0571168 ☐ **Applied For**
 Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. ☐ **Added to Fees**

☐ Change ☐ Addition
 UN00000437387
 02/28/06-80037-024 150.00

1-26-06 954-422-3888