

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90076 013 \*\*\*150.00

40014300



01252005 Chg-P CR2E034 (10/03)

4. FEI Number  
20-0145289 20-0145789 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MACFARLANE, JANET  
410 W 49TH ST STE 101-104  
HIALEAH, FL 33012

## 7. Name and Address of New Registered Agent

Name BENZAQUEN, GASTON  
Street Address (P.O. Box Number is Not Acceptable)  
1831 VICTORIA POINTE CIRCLE  
City Weston FL Zip Code 33327

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 reinstating)

DATE

2/1/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	BENZAQUEN, GASTON	
STREET ADDRESS	1831 VICTORIA POINTE CIR	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	P	<input type="checkbox"/> Delete
NAME	BENZAQUEN, BRIGITTE	
STREET ADDRESS	10155 COLLINS AVE APT 906	
CITY-ST-ZIP	BAL HARBOR, FL 33154	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENZAQUEN, ABRAHAM	
STREET ADDRESS	1831 VICTORIA POINTE CIR	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZAQUEN, BRIGITTE B	
STREET ADDRESS	10155 COLLINS AVE, #906	
CITY-ST-ZIP	MIAMI BEACH, FL 33154	
TITLE	YTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZAQUEN, GASTON	
STREET ADDRESS	10155 COLLINS AVE, #906	
CITY-ST-ZIP	MIAMI BEACH, FL 33154	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZAQUEN, ABRAHAM	
STREET ADDRESS	10155 COLLINS AVE, #906	
CITY-ST-ZIP	MIAMI BEACH, FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Daytime Phone #

2/1/05