

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90320 039 ***150.00

DOCUMENT # P03000114893

1. Entity Name
SAO BENTO SERVICE CENTER INC.



Principal Place of Business
**6915 RED RD
SUITE 214
CORAL GABLES, FL 33143**

Mailing Address
**6915 RED RD
SUITE 214
CORAL GABLES, FL 33143**

50044362



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2405399

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAO BENTO, OLIMPIO
6915 RED RD
SUITE 214
CORAL GABLES, FL 33143**

**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 reinstating)

DATE _____

**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 P
NAME SAO BENTO, OLIMPIO
STREET ADDRESS 6915 RED RD SUITE 214
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE SD
NAME SAO BENTO, JOSEFINA
STREET ADDRESS 6915 RED RD SUITE 214
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE TD
NAME SAO BENTO, OLIMPIO SR
STREET ADDRESS 6915 RED RD SUITE 214
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

4/21/05
Date

305-666-6406
Daytime Phone #