

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106573

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: BENCOMO HEALTH SERVICES CORPORATION

**Current Principal Place of Business:**

13250 SW 12TH ST.  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

13250 SW 12TH ST.  
MIAMI, FL 33184

**New Mailing Address:**

1901 SW 12TH AVE.  
MIAMI, FL 33129

FEI Number: 20-1414878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENCOMO, MICHEL  
13250 SW 12TH ST.  
MIAMI, FL 33184 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: BENCOMO, MICHEL  
Address: 13250 SW 12TH ST.  
City-St-Zip: MIAMI, FL 33184

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: RITA MARIN

ACCT

04/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date