2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 20, 2006 8:00 am Secretary of State **DOCUMENT # P04000137290** 03-20-2006 90021 022 ***150.00 SAMMY BENCID, INC. Principal Pface of Business Mailing Address 17313 SW 142 PLACE 17313 SW 142 PLACE 50003770 MIAMI, FL 33177 US MIAMI, FL 33177 US 3. Mailing Address 2. Principal Place of Business Auenve 5031 SW 5031 SW 132 Suite, Apt. #, etc. Suite, Apt. #, etc. 03072006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For FL. Miami Miami 20-1742640 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired AZV 33175 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sammy Bencil BENCID, SAMMY I Street Address (P.O. Box Number is Not Acceptable) 17313 SW 142 PLACE MIAMI, FL 33177 5031 SW 132 Avenue City FL Miami 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Change ■ Addition Bencil , Sammy 5031 SW BENCID, SAMMY I SR. NAME NAME 17313 SW 142 PLACE STREET ADORESS 132 Aue STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33177 CITY-ST-ZIP Miami FL 33175 Delete Change ☐ Addition TITI F TITLE Bencil, Veronia S 5031 SW 132 Ave BENCID, VERONICA S NAME NAME STREET ADDRESS 17313 SW 142 PL STREET ADDRESS Micmi , FL 33175 CITY-ST-ZIP MIAMI, FL 33177 CITY-ST-ZIP ☐ Delcte TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Janur

SIGNATURE:

FILED