

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000014393

Entity Name: BENAKI, INC.

FILED  
Jan 20, 2009  
Secretary of State

**Current Principal Place of Business:**

6947 W. PEKING CT.  
DUNNELLON, FL 34430

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 574  
DUNNELLON, FL 34430

**New Mailing Address:**

6947 W. PEKING CT.  
DUNNELLON, FL 34430

FEI Number: 42-1661328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RICHARD E. ENGLISH CPA PA  
6947 W. PEKING CT.  
DUNNELLON, FL 34430 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: DPST ( ) Delete  
Name: NASCIMENTO SILVA, M.C.  
Address: PO BOX 574  
City-St-Zip: DUNNELLON, FL 34430

Title: VP ( ) Delete  
Name: GARAVALLIA, RENATA  
Address: 100, JEFFERSON AVE. # 10.004  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Delete  
Name: GARAVALLIA, ROBERTA  
Address: 100, JEFFERSON # 10.004  
City-St-Zip: MIAMI BEACH, FL 33139

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARIA CHRISTINA NASCIMENTO SILVA

DPST

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date