


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90114 030 \*\*\*150.00

DOCUMENT # P05000121810			
1. Entity Name ARIANE BENHAMOUR-SOBOHAN, P.A.			
Principal Place of Business 5600 COLLINS AVE APT 10C MIAMI BEACH, FL 33140		Mailing Address 5600 COLLINS AVE APT 10C MIAMI BEACH, FL 33140	
2. Principal Place of Business - No P.O. Box # <b>1132 KANE CONCOURSE</b> Suite, Apt. #, etc. <b>Floor 2</b> City & State <b>Bay Harbor Islands, FL</b> Zip <b>33154</b> Country <b>USA</b>		3. Mailing Address <b>1132 KANE CONCOURSE</b> Suite, Apt. #, etc. <b>Floor 2</b> City & State <b>Bay Harbor Islands, FL</b> Zip <b>33154</b> Country <b>USA</b>	
4. FEI Number 20-3418697		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE HOWARTZ, GUILLERMO 825 PONCE DE LEON BLVD SUITE 380 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENHAMOUR, ARIANE 5600 COLLINS AVE SUITE 10-C MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENHAMOUR 1132 KANE CONCOURSE, Floor 2 Bay Harbor Islands, FL 33154. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <u>ARIANE BENHAMOUR-SOBOHAN</u> 04/26/08 786 3261768			