

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90077 050 ***150.00

DOCUMENT # P94000047118					
1. Entity Name BENCOMO ENTERPRISES, INC.					
Principal Place of Business 5360 NW 4TH ST MIAMI, FL 33126 US			Mailing Address PO BOX 441978 MIAMI, FL 33144 US		
2. Principal Place of Business 8265 S.W. 4 ST.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State		4. FEI Number 65-0491599	
Zip 33144		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENCOMO, ANA 5360 NW 4TH ST MIAMI, FL 33126 8265 S.W. 4 ST. Miami, FL 33144			7. Name and Address of New Registered Agent Name: <u>Bencomo, Ana</u> Street Address (P.O. Box Number is Not Acceptable): 8265 S.W. 4 ST. City: <u>Miami</u> FL Zip Code: <u>33144</u>		
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: <u>Ana Bencomo</u> <u>Ana Bencomo</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	DP BENCOMO, ANA 5360 NW 4TH ST MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Bencomo, Ana 8265 S.W. 4 ST. MIAMI, FL 33144
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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: <u>Ana Bencomo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/8/05</u> (786) 277-1555 <small>Date Daytime Phone #</small>		