

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90251 038 ***150.00

DOCUMENT # P97000073265	
1. Entity Name BENYCO, INC.	

Principal Place of Business 7122 NW 50TH ST MIAMI, FL 33166	Mailing Address 7122 NW 50TH ST MIAMI, FL 33166
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34030703

2. Principal Place of Business 1149 SW 27th Ave	3. Mailing Address 1149 SW 27th Ave.
Suite, Apt. #, etc. 203	Suite, Apt. #, etc. 203
City & State Miami, FL	City & State Miami, FL
Zip 33135	Country 33135



03302004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0781833	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALVARADO, BENJAMIN 888 BRICKELL KEY DR 710 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1781 Brickell Ave Apt # 1907 City Miami FL Zip Code 33129
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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.

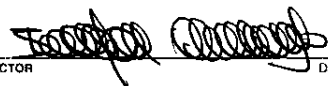
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	PSD ALVARADO, BENJAMIN 7122 NW 50 STREET MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1781 Brickell Ave Apt. 1907 Miami, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALVARADO, CONSTANZA 888 BRICKELL KEY DR APT710 MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1781 Brickell Ave Apt. 1907 Miami, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVARADO, FELIPE ☒ Delete 888 BRICKELL KEY DR APT710 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Benjamin Alvarado  **04/08/04 3058599953**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #