2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-03-2005 90175 014 ***150 00 **DOCUMENT # P97000073265** 1. Entity Name BENYCO, INC. 40025287 Principal Place of Business Mailing Address 1149 SW 27TH AVE 1149 SW 27TH AVE 203 203 MIAMI, FL 33135 MIAMI, FL 33135 2. Principal Place of Business 9400 South Dadeland Blvd. 3. Mailing Address 9400 South Dadeland Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 CR2E034 (10/03) Suite 601 Suite 601 City & State-Miami, Fl 4. FEI Number -City & State-Applied For Miami, Fl 65-0781833 Not Applicable Country Zip Country 33156 \$8.75 Additional 5. Certificate of Status Desired 33156 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALVARADO, BENJAMIN Street Address (P.O. Box Number is Not Acceptable) 1561 BRICKELL AVE APT 1907 MIAMI, FL 33129 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 Signesure, typed or printed name of regrettered agent and title if applicable, (NOTE, Recistored Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition ☐ Change TITLE ☐ Delete ALVARADO, BENJAMIN NAME STREET ADDRESS STREET ADDRESS 1561 BRICKELL AVE APT 1907 CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP VP ☐ Delete TITLE ☐ Change Addition TITLE NAME ALVARADO, CONSTANZA NAME -1561 BRICKELL AVE APT 1907 STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP MIAMI, FL 33129 ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CTIY-ST-ZIP CITY-ST-7IP Detete TITLE ☐ Change ☐ Addition TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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.

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FILED

Secretary of State

Mar 03, 2005 8:00 am