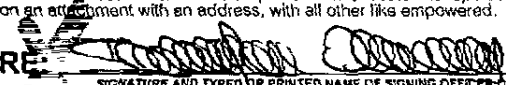


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000073265		
1. Entity Name BENYCO, INC.		
Principal Place of Business 9400 SOUTH DADELAND BLVD SUITE 601 MIAMI, FL 33156	Mailing Address 9400 SOUTH DADELAND BLVD SUITE 601 203 MIAMI, FL 33156	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALVARADO, BENJAMIN 1561 BRICKELL AVE APT 1907 MIAMI, FL 33129		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD ALVARADO, BENJAMIN 1561 BRICKELL AVE APT 1907 MIAMI, FL 33129	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ALVARADO, CONSTANZA 1561 BRICKELL AVE APT 1907 MIAMI, FL 33129	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		02/02/06 3058589953 Date Daytime Phone #



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0781833** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000418255
02/13/06-80086-019 150.00

**DO NOT WRITE
IN THIS SPACE**