


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P99000048660 <small>1. Entity Name</small> BENITEZ & COMPANY CPA'S, CORP. |  |
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| <small>Principal Place of Business</small> 8001 SW 24TH STREET MIAMI, FL 33155 | <small>Mailing Address</small> 8001 SW 24TH STREET MIAMI, FL 33155 |
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02012006 No Chg-P CR2E034 (11/05)

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| <small>4. FEI Number</small> 65-0922545 | <small>Applied For</small> Not Applicable |
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| <small>5. Certificate of Status Desired</small> <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| <small>6. Name and Address of Current Registered Agent</small> BENITEZ, JUAN F 8001 SW 24TH STREET MIAMI, FL 33155 |
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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.

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| <small>SIGNATURE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | <small>(NOTE: Registered Agent signature required when re-registering)</small> | <small>DATE</small> _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | <small>9. Election Campaign Financing</small> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | |
|--|--|--|
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small> | D BENITEZ, JUAN F 8001 SW 24TH STREET MIAMI, FL 33155 | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small> | D DON, MARIA 8001 S W 24 STREET MIAMI, FL 33155 | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small> | | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small> | | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small> | | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small> | | |

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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.

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| SIGNATURE:  | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Daytime Phone #</small> |
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