


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000107446

1. Entity Name
SOBENSI CORP.



Principal Place of Business Mailing Address

9001 SW 214 STREET 9001 SW 214 STREET
 MIAMI, FL 33189 MIAMI, FL 33189

DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 01-0575406 Not Applicable

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

6. Name and Address of Current Registered Agent

BENCHETRIT, ROSA
 9001 SW 214 STREET
 MIAMI, FL 33189

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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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DE SOUSA, EUSEBIO 9001 SW 214 STREET MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD BENCHETRIT, ISAAC 9001 SW 214 STREET MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD BENCHETRIT, ROSA 9001 SW 214 STREET MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD DA SILVA, JOSE J 9001 SW 214 STREET MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/22/04-80012-021 150.00

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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:  **ROSA BENCHETRIT** **SECRETARAS** 04/14/04

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #