2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # G52635

1. Entity Name
SAN BENITO CORP.

Principal Place of Business	Mailing Address
% JAMES A. MOLANS 16100 SW 173RD AVENUE MIAMI, FL 33187	% JAMES A. MOLANS 16100 SW 173RD AVENUE MIAMI, FL 33187

DO NOT WRITE IN THIS SPACE

04202007 : No Chg-P CR2E034 (11/05)

4. FEI Number
59-2308713
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOLANS, JAMES
16100 S. W. 173 AVENUE
MIAMI, FL 33187

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000722949
05/02/07-80052-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODGUEZ, MANUEL
STREET ADDRESS	16100 SW 173RD AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	VPD
NAME	RODIGUEZ, SECUNDINA
STREET ADDRESS	16100 SW 173RD AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	STD
NAME	RODRIGUEZ, BENITO
STREET ADDRESS	16100 SW 173RD AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	AS
NAME	MOLANS, JAMES A.
STREET ADDRESS	16100 SW 173RD AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: JAMES A. MOLANS APRIL 20, 2007 (305) 666-0345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #