


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G52635**  
 1. Entity Name  
**SAN BENITO CORP.**



Principal Place of Business <b>% JAMES A. MOLANS          16100 SW 173RD AVENUE          MIAMI, FL 33187</b>	Mailing Address <b>% JAMES A. MOLANS          16100 SW 173RD AVENUE          MIAMI, FL 33187</b>
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**DO NOT WRITE IN THIS SPACE**



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2308713</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

5. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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

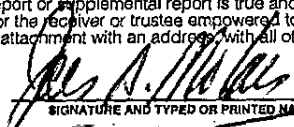
10. OFFICERS AND DIRECTORS

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

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**DO NOT WRITE IN THIS SPACE**

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:**  **JAMES A. MOLANS** **APRIL 7, 2005** (305) 666-0345

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