


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G52635</b> 1. Entity Name <b>SAN BENITO CORP.</b>	
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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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01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2308713</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>04/08/06-80015-009 150.00</b>
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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 RODRIQUEZ, 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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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:**  **BENITO RODRIGUEZ** **March 17, 2006** **(305) 666-0345**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #