


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

|   |   |
|---|---|
| DOCUMENT # G52635<br>1. Entity Name<br>SAN BENITO CORP. |  |
|---|---|

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

**DO NOT WRITE IN THIS SPACE**



04202007 No Chg-P CR2E034 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-2308713                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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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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, 2007 Fee will be \$550.00**

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

U00000722943  
05/02/07-80052-008 150.00

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>RODQUEZ, MANUEL<br>16100 SW 173RD AVENUE<br>MIAMI, FL      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>RODIGUEZ, SECUNDINA<br>16100 SW 173RD AVENUE<br>MIAMI, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>RODRIGUEZ, BENITO<br>16100 SW 173RD AVENUE<br>MIAMI, FL   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>MOLANS, JAMES A.<br>16100 SW 173RD AVENUE<br>MIAMI, FL     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 or without other line 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 #