


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # H52522	
1. Entity Name BENZ FINANCIAL SERVICES, INC.	

Principal Place of Business 125 NORTHEAST 168 STREET MIAMI, FL 33162 US	Mailing Address 125 NORTHEAST 168 STREET MIAMI, FL 33162 US
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DO NOT WRITE IN THIS SPACE

01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2553909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FLORES, JUAN E
125 NORTHEAST 168 STREET
MIAMI, FL 33162

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000595733 01/23/07-80053-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE VP	NAME EVANS, JAMES D SR
STREET ADDRESS 125 NE 168TH ST	CITY ST ZIP MIAMI, FL 33162
TITLE VP	NAME SIMON, SHARON
STREET ADDRESS 125 NE 168TH ST	CITY ST ZIP MIAMI, FL 33162
TITLE ST	NAME HYATT, DON
STREET ADDRESS 125 NE 168TH ST	CITY ST ZIP MIAMI, FL 33162
TITLE P	NAME FLORES, JUAN E
STREET ADDRESS 125 NE 168TH ST	CITY ST ZIP MIAMI, FL 33162
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: _____ **1/17/06 305 688 3333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR