



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000090348 1. Entity Name BENESTAR, CORP.	
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Principal Place of Business 4801 SOUTH UNIVERSITY DR SUITE 3000 DAVIE, FL 33328	Mailing Address 4801 SOUTH UNIVERSITY DR SUITE 3000 DAVIE, FL 33328
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DO NOT WRITE IN THIS SPACE

		
03102004	No Chg-P	CR2E034 (10/03)
4. FEI Number 65-1042425	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	
RODRIGUEZ, MIGUEL J 4801 SOUTH UNIVERSITY DR SUITE 3000 DAVIE, FL 33328	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.

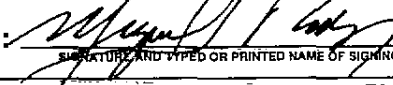
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	000000086205 03/12/04-80015-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, MIGUEL J 4801 SOUTH UNIVERSITY DR SUITE 3000 DAVIE, FL 33328
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 3/10/04 DAY/PHONE: 954-680-6014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR