

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90084 007 ***150.00

DOCUMENT # P00000090348

1. Entity Name
BENESTAR, CORP.



Principal Place of Business
**4801 SOUTH UNIVERSITY DR SUITE 3000
DAVIE, FL 33328**

Mailing Address
**4801 SOUTH UNIVERSITY DR SUITE 3000
DAVIE, FL 33328**

50002270

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 3090

Suite, Apt. #, etc.

SUITE 3090

City & State

City & State

03012006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-1042425

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, MIGUEL J
4801 SOUTH UNIVERSITY DR SUITE 3000
DAVIE, FL 33328**

Name
ACCUPAY SERVICES CORP.

Street Address (P.O. Box Number is Not Acceptable)
4801 S. UNIVERSITY DR.

SUITE 3090

City

DAVIE

FL

Zip Code
33328

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RODRIGUEZ, MIGUEL J
4801 SOUTH UNIVERSITY DR SUITE 3000
DAVIE, FL 33328**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SUITE 3090

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/06