

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-13-2006 90084 007 ***150.00

DOCUMENT # P0000090348

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: Suite, Apt. #, etc. **SUITE 3090**
 3. Mailing Address: Suite, Apt. #, etc. **SUITE 3090**

03012006 Chg-P CR2E034 (11/05)

City & State: **DAVIE, FL**

4. FEI Number: **65-1042425** Applied For: Not Applicable:

Zip: **33328** Country: **FL**

5. Certificate of Status Desired: **\$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

7. Name and Address of New Registered Agent
 Name: **ACCUPLY 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: DATE: **3/9/06**

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	RODRIGUEZ, MIGUEL J
STREET ADDRESS	4801 SOUTH UNIVERSITY DR SUITE 3000
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SUITE 3090
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: DATE: **3/9/06**