


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90036 046 \*\*\*150.00

<b>DOCUMENT # P00000090348</b> 1. Entity Name <b>BENESTAR, CORP.</b>			
Principal Place of Business <b>4801 SOUTH UNIVERSITY DR SUITE 3090 DAVIE, FL 33328</b>		Mailing Address <b>4801 SOUTH UNIVERSITY DR SUITE 3090 DAVIE, FL 33328</b>	
2. Principal Place of Business - No P.O. Box #  <b>1776 N. Pine Island Rd. Suite 216 Plantation, FL 33322</b>		3. Mailing Address  <b>1776 N. Pine Island Rd. Suite 216 Plantation, FL 33322</b>	
4. FEI Number <b>65-1042425</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ACCUPAY SERVICES CORP. 4801 SOUTH UNIVERSITY DR SUITE 3090 DAVIE, FL 33328</b>		7. Name and Address of New Registered Agent Name _____ Street Addr <b>Accupay Services Corp.</b> <b>1776 N. Pine Island Rd.</b> Suite 216 City <b>Plantation, FL 33322</b>	
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 <b>3/21/08</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>RODRIGUEZ, MIGUEL J 4801 S UNIVERSITY DR SUITE 3090 DAVIE, FL 33328</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <b>3/21/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	