


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000097533

1. Entity Name
BENAVIDES CORPORATION, INC.



Principal Place of Business 14201 SW 94TH CIRCLE LANE 102 MIAMI, FL 33186	Mailing Address 14201 SW 94TH CIRCLE LANE 102 MIAMI, FL 33186
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01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1100539	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

**BENAVIDES, TOMAS
 14201 SW 94TH CIRCLE LN
 MIAMI, FL 33186**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENAVIDES, TOMAS 14201 SW 94TH CIRCLE LANE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BENAVIDES, RICARDO 14201 SW 94TH CIRCLE LANE MIAMI, FL 33186
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 03/28/06-80041-008 150.00

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 only as address, with all other like empowered.

SIGNATURE: *[Signature]* **3/13/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Phone #