

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90102 043 \*\*\*150.00

<b>DOCUMENT # P92000012942</b>					
<b>1. Entity Name</b> <b>BENSARA CORPORATION</b>					
<b>Principal Place of Business</b> <b>5055 COLLINS AVE</b> <b>APT 8N</b> <b>MIAMI BEACH, FL 33140 US</b>			<b>Mailing Address</b> <b>5055 COLLINS AVE</b> <b>APT 8N</b> <b>MIAMI BEACH, FL 33140 US</b>		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04152004    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> <b>65-0409001</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>MONTELLO, LOUIS R</b> <b>701 BRICKELL AVE</b> <b>SUITE 1200</b> <b>MIAMI, FL 33131</b>			Name <b>SARA L. DE ALHALEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>5055 COLLINS AVE</b> <b>APT 8N</b> City <b>MIAMI BEACH</b> <b>FL</b> Zip Code <b>33140</b>		
<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.</b> SIGNATURE <i>Sara L. de Alhalel</i> <b>SARA L. DE ALHALEL</b> <b>APRIL 16, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DE ALHALEL, SARA L</b> <b>5055 COLLINS AVE APT 8N</b> <b>MIAMI BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ALHALEL, BENJAMIN</b> <b>5055 COLLINS AVE APT 8N</b> <b>MIAMI BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
SIGNATURE: <i>Sara L. de Alhalel</i> <b>SARA L. DE ALHALEL</b> <b>APRIL 16, 2004</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					