


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000045066
 1. Entity Name
 BENECIA CORPORATION



Principal Place of Business
 5960 S.W. 2ND TERRACE
 MIAMI, FL 33144

Mailing Address
 5960 S.W. 2ND TERRACE
 MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0420824

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RAMIREZ, GUILLERMO O
 5960 S.W. 2ND TERRACE
 MIAMI, FL 33144

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 *Digna Ramirez*
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000081389
 03/08/04-80147-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RAMIREZ, GUILLERMO O JR. 5960 SW 2ND TERR. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS RAMIREZ, DIGNA 5960 SW 2ND TERR. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Digna Ramirez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____