


2005 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000045066
 1. Entity Name
 BENECIA CORPORATION



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

DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0420824 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

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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 _____
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

SIGNATURE: *Digna Julia Ramirez* 3/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #