2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2006 08:00 AN Secretary of State

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DOCUMENT # P98000016367 1. Entity Name BENTEL CORPORATION				Secretary of Sta
Principal Plac	e of Business	Mailing Address	<u> </u>	
3805 NW 10	7 AVENUE	P.O. BOX 560683		
SUITE 123	2170 110	MIAMI, FL 33256		
MIAMI, FL 3	13178 US) (CONTROL TO 10/00/10/10/10 AD 10/00/10/00/10/00/10/10/10/10/10/10/10/1
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				04182006 No Chg-P CR2E034 (11/05)
	O NOT WRITE	IN THIS SPA	CE	A STOLE AND THE
_				4. FEI Number Applied For Not Applied For Not Applied For
			<u>.</u>	5. Certificate of Status Desired Sta
	5. Name and Address of Current Re	gistered Agent		gettigen in the control of the contr
QUESADA, G. FRANK ESQ. 1313 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134				DO NOT WRITE IN THIS SPACE
8. The above	 named entity submits this statement for the titlens of registered agent. 	e purpose of changing its registe	ered office or register	ared agent, or both, in the State of Florida. I am familiar with, and accept
210 0211 3 0	iono or regionarea agora.			
SIGNATURE				
	addition of the p. busines contract or calletones after a rate	THO IL HUGGIN	ing Apart signature require	U WHICH HENSIANDE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Fin Trust Fund Contribution		5.00 May Be ded to Fees
10.	OFFICERS AND DI	RECTORS		
TITLE	PD			
NAME	IRASTORZA, BENITO		1.	
STREET ADDRESS CITY-ST-ZIP	PO BOX 560683 MIAMI, FL 33156			F 4.50c, 100, 100, 100, 100 and 111 at 111
TITLE	SD SD		1	U00000532153 05/06/06-80074-010 150.00
NAME	IRASTORZA, BENITO			03/00/00-00014-010 138.08
STREET ADDRESS	PO BOX 560683			and the second s
CITY-ST-ZIP	MIAMI, FL 33156			
TITLE			1	
NAME				
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
				E. T. Carlotte and
TITLE NAME				IN THIS SPACE
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NAME				
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12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OFFICER OR DIRECTO

120/06 (305/562-7086 Dayline Phone #