2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S39241

1. Entity Name

SAN BENEDETTO MINERAL WATERS OF AMERICA, INC.



FILED Apr 16, 2007 08:00 A Secretary of State

Principal Place of Business 420 S DIXIE HWY 3RD FL C/O MARK R ANTONELLI, ESQ

CORAL GABLES, FL 33146

Mailing Address

420 S DIXIE HWY 3RD FL C/O MARK R ANTONELLI, ESQ CORAL GABLES, FL 33146



DO NOT WRITE IN THIS SPACE

01312007 No Chg-P CR2E034 (11/05)

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

ANTONELLI, MARK R, ESQ 420 S DIXIE HWY 3RD FL CORAL GABLES, FL 33146

SIGNATURE:

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			i Agent signature i	equired when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	_
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GRAUNSTADT, EARL 6 RHEINENBERGER ST LIECHTENSTEIN,				000000709596 04/25/07-80009-015 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAUNSTADT, EARL VADUZ, 9490 LIECHTENSTEI LIECHTENSTEIN,				
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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 with an address, with all other like empowered.					

INTED NAME OF SIGNING OFFICER OR DIRECTOR