

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S75141

Entity Name: BENRA CORP.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

411 BARBAROSSA AVE.
CORAL GABLES, FL 33146

New Principal Place of Business:

411 BARBAROSSA AVENUE
CORAL GABLES, FL 33146 US

Current Mailing Address:

411 BARBAROSSA AVE.
CORAL GABLES, FL 33146

New Mailing Address:

411 BARBAROSSA AVENUE
CORAL GABLES, FL 33146 US

FEI Number: 65-0324602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMOS, CLAUDIO
411 BARBAROSSA AVE.
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

RAMOS, CLAUDIO R DVP
411 BARBAROSSA AVENUE
CORAL GABLES, FL 33146 US

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.

SIGNATURE: CLAUDIO R. RAMOS

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RAMOS, DOLORES BENET,
Address: 411 BARBAROSSA AVE.
City-St-Zip: CORAL GABLES, FL 33146

Title: DVP (X) Delete
Name: RAMOS, CLAUDIO,
Address: 411 BARBAROSSA AVE.
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RAMOS, DOLORES B
Address: 411 BARBAROSSA AVENUE
City-St-Zip: CORAL GABLES, FL 33146 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIO R. RAMOS

DVP

04/29/2005

Electronic Signature of Signing Officer or Director

Date