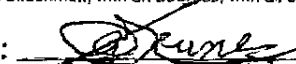


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2006 08:00 AM
Secretary of State

DOCUMENT # V06636		
1. Entity Name BENEFIT FINANCIAL, CORPORATION		
Principal Place of Business 3237 NW 7 ST SUITE 102 MIAMI, FL 33125		Mailing Address 3237 NW 7 ST SUITE 102 MIAMI, FL 33125
DO NOT WRITE IN THIS SPACE		
		05022006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0307334 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NUNEZ, JOSE 2213 SW 139 AVE MIAMI, FL 33175		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  (NOTE: Registered Agent signature required when re-registering) Signature required of principal named or designated agent and filer if applicable. 5/6/06 DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NUNEZ, JOSE A. 2213 SW 139TH AVE. MIAMI, FL 33175	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEON, ANTONIO 10421 SW 142 AVE. MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEON, AURORA 10421 SW 142 AVE. MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NUNEZ, ISABEL C. 213 SW 139 AVE. MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/6/06 305-643-3333 Date Daytime Phone #