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	Mailing Address
3237 NW 7 ST SUITE 102 MIAMI, FL 33125	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: [signature] 5/6/06
Signature required of president or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	DP
NAME	NUNEZ, JOSE A.
STREET ADDRESS	2213 SW 139TH AVE.
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	SD
NAME	LEON, ANTONIO
STREET ADDRESS	10421 SW 142 AVE.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	LEON, AURORA
STREET ADDRESS	10421 SW 142 AVE.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	NUNEZ, ISABEL C
STREET ADDRESS	213 SW 139 AVE.
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000565097
05/20/06-80108-010 150.00

DO NOT WRITE IN THIS SPACE

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] 5/6/06 305-643-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #