

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 A**  
**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**



03162007 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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	

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03/27/07-80109-023 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/16/09 305-643-3323**