

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 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



03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 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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03/21/08-80010-001 150.00

**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 #

Aurora Leon
AURORA LEON

3/3/08 2056433323