2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # V37682 04-28-2008 90373 012 ***150.00 1. Entity Name BENCON CORP. 40085915 Principal Place of Business Mailing Address 5920 NW 111TH AVE 5920 NW 111TH AVE MIAMI, FL 33178 US MIAMI, FL 33178 US No Chg-P CR2E034 (11/05) 04142008 Applied Fo 4. FEI Number 65-0334886 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VILA, EDUARDO B. 5920 NW 111 AVE MIAMI, FL 33178 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 acc the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eigneture required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME, VILA, EDUARDO STREET ADDRESS 5920 NW 111 AVE MIAMI, FL 33178 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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 informational 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 direct of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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 direct or the receiver or trustee empowered to execute this report as required by Chapter 507, 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 direct or d

FILED

Apr 28, 2008 8:00 am Secretary of State

PRESIDENT