

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 08, 2006
Secretary of State**

DOCUMENT# 401239

Entity Name: BENLAR CORPORATION

Current Principal Place of Business:

28261 SW 141ST CT.
NARANJA, FL 33030

New Principal Place of Business:

Current Mailing Address:

28261 SW 141ST CT.
NARANJA, FL 33030

New Mailing Address:

FEI Number: 59-1492918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, MANUEL
28261 SW 141ST CT.
NARANJA, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZOLCINSKI, FRANK J JR.
Address: P.O. BOX 61
City-St-Zip: BRADLEY BEACH, NJ 07720

Title: VP () Delete
Name: SUAREZ, MANUEL
Address: P.O. BOX 617
City-St-Zip: TAVENIER, FL 33070

Title: S () Delete
Name: AULET, ALAIN
Address: P.O. BOX 38
City-St-Zip: TAVENIER, FL 33070

Title: TR () Delete
Name: SIMPSON, PAUL R JR.
Address: P.O. BOX 38
City-St-Zip: BRADLEY BEACH, NJ 07720

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AULET, ALAIN
Address: P.O. BOX 617
City-St-Zip: TAVENIER, FL 33070

Title: VP (X) Change () Addition
Name: SUAREZ, MANUEL
Address: 28261 SW 141 ST. CO.
City-St-Zip: NARANJA, FL 33070

Title: S (X) Change () Addition
Name: SUAREZ, MANUEL
Address: 28261 SW 141 ST. CT.
City-St-Zip: NARANJA, FL 33030

Title: TR (X) Change () Addition
Name: AULET, ALAIN
Address: P.O. BOX 617
City-St-Zip: TAVANIER, FL 33070

Title: O () Change (X) Addition
Name: ZOLCINSKI, FRANK J JR
Address: P.O. BOX 61
City-St-Zip: BRADLEY BEACH, NJ 07720

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAIN AULET

PD

08/08/2006

Electronic Signature of Signing Officer or Director

_____ Date