

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90023 031 ***150.00



DOCUMENT # P03000065588

1. Entity Name
RESOURCE BENEFITS, INC.

Principal Place of Business Mailing Address
130 SOUTH UNIVERSITY DRIVE 130 SOUTH UNIVERSITY DRIVE
SUITE - E SUITE - E
PLANTATION FL 33324 PLANTATION FL 33324

2. Principal Place of Business 3. Mailing Address
130 S. UNIVERSITY DRIVE 130 S. UNIVERSITY DRIVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE "E" SUITE "E"

City & State City & State
PLANTATION, FL PLANTATION, FL
 Zip Country Zip Country
33324 33324

4. FEI Number Applied For
77-0601965 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
HEA, JAMES A
130 SOUTH UNIVERSITY DRIVE
SUITE - E
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name **HEA, JAMES P.**
 Street Address (P.O. Box Number is Not Acceptable)
130 S. UNIVERSITY DRIVE
SUITE "E"
 City **PLANTATION** FL Zip Code **33324**

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]* **JAMES P. HEA - PRESIDENT** **01/21/2004**
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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DIRECTOR/PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEA, JAMES P.	
STREET ADDRESS	9130 NW 11th COURT	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMILIO J. DIPIETRO	
STREET ADDRESS	3116 N.E. 40th COURT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **JAMES P. HEA** **01/21/2004** **(954) 476-4300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #