

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

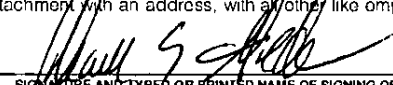
FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P06000113192					
1. Entity Name ALTERNATIVE BENEFIT SOLUTIONS, INC.					
Principal Place of Business 3272 HUNTINGTON WESTON FL 33332			Mailing Address 3272 HUNTINGTON WESTON FL 33332		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLOCH, STUART E ESQ 980 N FEDERAL HWY SUITE 412 BOCA RATON FL 33432			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 registering.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	GOLDMAN, CHUCK	NAME	U00000708585		
STREET ADDRESS	3272 HUNTINGTON	STREET ADDRESS	04/24/07-80116-025 150.00		
CITY- ST- ZIP	WESTON FL 33332	CITY- ST- ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	SCHWARTZ, LARRY	NAME			
STREET ADDRESS	3272 HUNTINGTON	STREET ADDRESS			
CITY- ST- ZIP	WESTON FL 33332	CITY- ST- ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	LLOYD, JASON	NAME			
STREET ADDRESS	3272 HUNTINGTON	STREET ADDRESS			
CITY- ST- ZIP	WESTON FL 33332	CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
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CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			



1st MOORE CR2E034 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE:  **CHARLES E. GOLDMAN** 4/13/07 954 224 6488