## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: MANUEL MARUCHY CARRIAZO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P9300001884  1. Entity Name EMPLOYEE BENEFITS OF FLORIDA, INC.							Apr 25, 2005 08:00 AN Secretary of State				
Principal Place of Business  8860 SW 57TH ST MIAMI FL 33170 US				Mailing Address 8860 SW 57TH ST #106 MIAMI FL 33170 US				## ##			<b>    </b>
2. Principal Place of Business				3. Mailing Address							
Suite, Apt #, etc.				Suite, Apt. #, etc.			1st	MOORE	CR2E034 (10	/04)	
City & State			City	City & State			4. FEI Number 65-0380101 Applied For Not Applicable				
Zip	Country		Zip	Zip Cou		ntry	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New R	egistered Agen	t	
CARRIAZO, HARUCHY 8860 SW 57 ST. MIAMI FL 33173						Street Address (	P.O. Box Numb	er is Not Acceptable	>	•	
						City	<u>.                                    </u>		FL <sup>2</sup>	Zip Code	)
	named entity	submits this statem	ent for the purp	ose of changing its	s register	l ed office or register	ed agent, or bo	th, in the State of Flo		ar with,	and accept
SIGNATURE	Constitute broad	or printed name of registered	d agent and the figure	Treahle (NOT	TE Projetoro	d Agent signature required	('uhan minetatura')		DATE		
After	TLE NOW!! May 1, 200	FEE IS \$150.00 5 Fee Will Be \$55 Florida Departme	0 00.00 ent of State		, , , , , , , , , , , , , , , , , , , ,		,	9. Election Campa Trust Fund Con	ign Financing		00 May Be d to Fees
10.	VP	OFFICERS	AND DIRECTO	RS Delete	11.		ADDITIONS	CHANGES TO OFF		ECTORS Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	CARRIAZO 8860 SW 5 MIAMI FL 3	7TH ST.		NAM Stre			U00000326588 04/25/05-80004-002 150.00				_
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ŀ			Ċ	Change	Addition
NAME STREET ADDRESS CITY+ST-ZIP			******	☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-21P			<u> </u>	□ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP				□ Delete						Change	☐ Addition
indicated of the co	d on this repor rporation or th	information supplie t or supplemental re e receiver or trustee chment with an add	port is true and empowered to	accurate and that sexecute this report	my signa I as requi	mption stated in Se ture shall have the red by Chapter 607	ection 119.07(3)( same legal effec 7, Florida Statute	(i), Florida Statutes. I ct as if made under d es, and that my name	further certify the path; that I am an appears in Blo	at the in officer ck 10 or	formation or director Block 11 if

**FILED** 

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