

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000029950

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** SECURE BENEFIT PLANS, INC.

**Current Principal Place of Business:**

1328 WILEY STREET  
#107  
HOLLYWOOD, FL 33019 US

**New Principal Place of Business:**

14060 BISCAYNE BLVD.  
818  
NORTH MIAMI, FL 33181 US

**Current Mailing Address:**

1328 WILEY STREET  
#107  
HOLLYWOOD, FL 33019 US

**New Mailing Address:**

14060 BISCAYNE BLVD.  
818  
NORTH MIAMI, FL 33181 US

**FEI Number:** 65-0663437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, RICHARD  
1328 WILEY STREET  
SUITE 107  
HOLLYWOOD, FL 33019 US

**Name and Address of New Registered Agent:**

MOORE, RICHARD  
14060 BISCAYNE BLVD.  
818  
NORTH MIAMI, FL 338181 US

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: RICHARD MOORE

02/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MOORE, RICHARD S  
Address: 14060 BISCAYNE BLVD.  
City-St-Zip: NORTH MIAMI, FL 33181 US

I hereby 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 all other like empowered.

SIGNATURE: RICHARD MOORE

PRES

02/29/2012

Electronic Signature of Signing Officer or Director

Date