

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000068810

**Entity Name:** LPI BENEFITS, INC.

**Current Principal Place of Business:**

3801 NW 97TH AVENUE  
SUITE # 400, 4TH FLOOR  
DORAL, FL 33178

**Current Mailing Address:**

3801 NW 97TH AVENUE  
SUITE # 400, 4TH FLOOR  
DORAL, FL 33178

**FEI Number:** 36-4553643

**Certificate of Status Desired:** No

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

LEYVA, RAUL V  
13344 SW 1ST TERRACE  
MIAMI, FL 33184 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name RODRIGUEZ, MIGUEL  
Address 14352 SW 40TH TERRACE  
City-State-Zip: MIAMI FL 33175

Title VP  
Name LEYVA, RAUL V  
Address 13344 SW 1ST TERRACE  
City-State-Zip: MIAMI FL 33184

Title CS  
Name DACAS, BRENDA M  
Address 15634 NW 12TH COURT  
City-State-Zip: PEMBROKE PINES FL 33028

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:** MIGUEL RODRIGUEZ

**PRESIDENT**

**03/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date