

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000088888

**Entity Name:** PREMIER BENEFIT PARTNERS, INC.

**Current Principal Place of Business:**

5805 BLUE LAGOON DRIVE  
STE # 280  
MIAMI, FL 33126

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC9476332625**

**Current Mailing Address:**

5805 BLUE LAGOON DR  
STE # 280  
PEMBROKE PINES, FL 33126 US

**FEI Number: 46-3994921**

**Certificate of Status Desired: Yes**

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

VIDAL, MICHAEL  
5805 BLUE LAGOON DRIVE  
STE # 280  
MIAMI, FL 33126 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, S  
Name VIDAL, MICHAEL  
Address 18413 N.W. 9TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title T  
Name ALVAREZ-VIDAL, MARIA  
Address 18413 N.W. 9TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

*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: VIDAL , MICHAEL**

**PRESIDENT**

**04/30/2014**

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

\_\_\_\_\_  
Date