

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000029950

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

**Current Principal Place of Business:**

4009 NE 21ST AVENUE  
7  
FORT LAUDERDALE , FL 33308

**Current Mailing Address:**

4009 NE 21ST AVENUE  
7  
FORT LAUDERDALE , FL 33308 US

**FEI Number:** 65-0663437

**Certificate of Status Desired:** No

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

MOORE, RICHARD  
4009 NE 21ST AVENUE  
7  
FORT LAUDERDALE , FL 33308 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            PRES  
Name            MOORE, RICHARD S  
Address        4009 NE 21ST AVENUE  
                  7  
City-State-Zip: FORT LAUDERDALE FL 33308

*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

**PRESIDENT**

**01/09/2017**

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

\_\_\_\_\_  
Date