


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90053 036 ***150.00

DOCUMENT # 349418 1. Entity Name ASSOCIATED BENEFIT CONSULTANTS, INC.			
Principal Place of Business G/O MICHAEL WINSTON 2699 STIRLING RD, STE B-200 FT. LAUDERDALE FL 33312 c/o Burt Moss		Mailing Address G/O MICHAEL WINSTON 2699 STIRLING RD, STE B-200 FT. LAUDERDALE FL 33312 c/o Burt Moss	
2. Principal Place of Business - No P.O. Box # 1191 E. Newport Center Dr.		3. Mailing Address 1191 E. Newport Center Dr.	
Suite, Apt. #, etc. Ste. 104		Suite, Apt. #, etc. Ste. 104	
City & State Deerfield Beach, Fl.		City & State Deerfield Beach, Fl.	
Zip 33442		Zip 33442	
Country USA		Country USA	
6. Name and Address of Current Registered Agent MOSS, BURT 1191 E. NEWPORT CENTER DR. STE. 104 DEERFIELD BEACH FL 33442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPD WINSTON, MICHAEL 2699 STIRLING RD, B-200 FT LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOSS, BURTON HAROLD 2806 N.E. 19 STREET POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-31-07 954-570-7890 <small>Date Daytime Phone #</small>	