

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H25139

FILED
Mar 16, 2009
Secretary of State

Entity Name: AMERICAN BENEFIT-A FINANCIAL SERVICES CORPORATION

Current Principal Place of Business:

902 CLINT MOORE RD
#132
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

902 CLINT MOORE ROAD
SUITE 132
BOCA RATON, FL 334872849 US

New Mailing Address:

FEI Number: 59-2711244 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TURESKY, LEONARD
902 CLINT MOORE RD
SUITE 132
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: TURESKY, LEONARD
Address: 902 CLINT MOORE RD, SUITE 132
City-St-Zip: BOCA RATON, FL 33487

Title: V () Delete
Name: CUEVAS, MICHAEL
Address: 902 CLINT MOORE RAOD, SUITE 132
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LEONARD M. TURESKY

PRES

03/16/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date