## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000001826

FILED Aug 29, 2005 Secretary of State

Entity Name: SOUTH FLORIDA COMPENSATION & BENEFITS ASSOCIATION, INC.

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
621 NW 53RD ST. SUITE 650 BOCA RATON, FL 33487			1001 BRICKELL BAY DRIVE MIAMI, FL 33131	
Current Mailing Address:		New Mailing Address:		
P.O. BOX 373212 BOCA RATON, FL 334273212			P.O. BOX 1284 DANIA, FL 330041284	
FEI Number: 65-0025274 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
FRANCO-MARAIST, MARIA  621 NW 53RD ST.  SUITE 650  BOCA RATON, FL 33487 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:	JOE STEEN		08/29/2005	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	PRES () Change (X) Addition TANIS, MARK 255 ALHAMBRA CIRCLE #950 CORAL GABLES, FL 33134	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	TREA ( ) Change (X) Addition PRIORE, ANTHONY E 2070 GRIFFIN RD FT. LAUDERDALE, FL 33312	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition TIMMINS, BETH P.O. BOX 1284 DANIA, FL 330041284	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition RIVERO, JORGE P.O. BOX 1284 DANIA, FL 330041284	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	VP ( ) Change (X) Addition TREE, AMY P.O. BOX 1284 DANIA, FL 330041284	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY PRIORE VP 08/29/2005