

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001826

FILED
Mar 24, 2008
Secretary of State

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

Current Principal Place of Business:

2070 GRIFFIN RD
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1284
DANIA, FL 330041284

New Mailing Address:

FEI Number: 65-0025274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANTHONY, PRIORE
2070 GRIFFIN RD
FT. LAUDERDALE, FL 33312 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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: TREE, AMY
Address: PO BOX 1284
City-St-Zip: DANIA, FL 33004

Title: TREA () Delete
Name: PRIORE, ANTHONY E
Address: 2070 GRIFFIN RD
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VP () Delete
Name: HOLMES, ROBERT
Address: P.O. BOX 1284
City-St-Zip: DANIA, FL 330041284

Title: VP () Delete
Name: RIVERO, JORGE
Address: P.O. BOX 1284
City-St-Zip: DANIA, FL 330041284

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HOLMES, ROBERT
Address: PO BOX 1284
City-St-Zip: DANIA, FL 33004

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

Title: VP (X) Change () Addition
Name: BILES, JULIE
Address: P.O. BOX 1284
City-St-Zip: DANIA, FL 330041284

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 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

03/24/2008

Electronic Signature of Signing Officer or Director

Date