2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# N04000001826

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

Current Principal Place of Business:

2070 GRIIFIN RD
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1284
DANIA, FL 330041284

New Mailing Address:

P.O BOX 1284
DANIA, FL 33009

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:

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
Name: RIVERO, JORGE
Address: PO BOX 1284
City-St-Zip: DANIA, FL 33004

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

Title: VP
Name: BUSH, KATIE
Address: P.O. BOX 1284
City-St-Zip: DANIA, FL 330041284

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY PRIORE VP 05/03/2010
Electronic Signature of Signing Officer or Director Date