

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90035 008 ***150.00

DOCUMENT # P00000115949

1. Entity Name

**EMPLOYEE BENEFITS & RETIREMENT PLANNING
SERVICE OF AMERICA, INC.**



Principal Place of Business

1950 S. MILITARY TR.
201
LAKE WORTH FL 33463

Mailing Address

5912 - B VIA DELRAY
DELRAY BEACH FL 33484

2. Principal Place of Business

5912 "B" Via Delray
Suite, Apt. #, etc.
DeLray Beach, FL.

3. Mailing Address

No change
Suite, Apt. #, etc.

City & State

33484

Zip

Country

U.S.A.

Zip

Country

U.S.A.

6. Name and Address of Current Registered Agent

SLUTZKIN, NORMA R
5912 - B VIA DELRAY
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

Norma R. Slutzkin

DATE

2-7-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	Slutzkin	<input type="checkbox"/> Delete
NAME	SLUTZKIN, NORMA R		
STREET ADDRESS	5912 B VIA DELRAY		
CITY-ST-ZIP	DELRAY BCH FL		
TITLE			<input type="checkbox"/> Delete
NAME	Above Name WAS		
STREET ADDRESS	Not completely spelled.		
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norma R. Slutzkin	
STREET ADDRESS	Name not completely spelled	
CITY-ST-ZIP	Address is correct.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Norma R. Slutzkin Pres.

2-7-05 561-495-0802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #