

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90386 015 ***150.00

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03072006 Chg-P CR2E034 (11/05)

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| DOCUMENT # P01000053487 | |  | |
| 1. Entity Name RH BENEFITS CORP. | | | |
| Principal Place of Business 1040 BAYVIEW DR., STE 522 FORT LAUDERDALE, FL 3304 | | Mailing Address PO BOX 24666 FORT LAUDERDALE, FL 33307-4666 | |
| 2. Principal Place of Business 5584 Ainsley Court | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Boynton Beach, FL | | City & State | |
| Zip 33437 | Country USA | Zip | Country |
| 4. FEI Number 65-1108572 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HUDES, ROCHELLE 1040 BAYVIEW DR., STE 522 FORT LAUDERDALE, FL 33304 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5584 Ainsley Court City Boynton Beach, FL Zip Code 33437 | |
| 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: <i>Rochelle Hudes</i> DATE: 4/22/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HUDES, ROCHELLE 5544 AINSLEY COURT BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Rochelle Hudes</i> Rochelle Hudes | | 4/22/06 954-557-0867 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>DATE TELEPHONE NUMBER</small> | |