


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90017 014 ***150.00

DOCUMENT # P01000074110	
1. Entity Name BENEFIT CONSULTANTS OF FLORIDA, INC.	

Principal Place of Business 3900 SW 52 AVE #706 PEMBROKE PARK, FL 33033	Mailing Address 3900 SW 52 AVE #706 PEMBROKE PARK, FL 33033
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54069537



2. Principal Place of Business 30620 S.W. 154 AVE	3. Mailing Address P.O. BOX 816485
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08172004 Chg-P CR2E034 (10/03)

City & State Miami, FL.	City & State HOLLYWOOD, FL.
Zip 33088	Zip 33081
Country Dade USA	Country U.S.A

4. FEI Number 65-1125686	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent INTERIAN, MIGDALIA 3900 SW 52 AVE #706 PEMBROKE PARK, FL 33033		7. Name and Address of New Registered Agent Name Interian, Migdalia Street Address (P.O. Box Number is Not Acceptable) 30620 S.W. 154 AVE. City Miami FL Zip Code 33088	
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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 Migdalia Interian <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 8/17/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INTERIAN, YOANKA 3900 SW 52 AVE #706 HOMESTEAD, FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Interian, Yoanka 30620 S.W. 154 AVE Miami, FL 33088 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: Migdalia Interian <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 8/17/04 (954) 966-1274 <small>Date Daytime Phone #</small>