2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM Secretary of State

	ANNUAL	REPORT				200/ UO.		
DOCUMENT # P01000086974				<u>à</u>	Seci	retary of S	tate	
	R BENEFITS GROUP INC.							
Principal Plac	e of Business	Mailing Address						
4920 N. 361 HOLLYWOOD		4920 N. 36TH COURT HOLLYWOOD, FL 33021		1 (#¥1(##1	isi dalah kidik sahir dalah dalah	. Bulla falla alla falla facti essi	WMT 16 SWMS	
DO NOT WRITE IN THIS SPACE								
				01262007 4. FEI Numi	No Chg-P	CR2E034 (11/05)	olied For	
				65-11		 (Applicable	
	6. Name and Address of Comment Da			5. Certificat	e of Status Desired	□ \$8.75 Addi Fee Required		
	6. Name and Address of Current Re	gistered Agent		****************	territoria		2.52	
JAKUBOWICZ, SAUL 4920 N. 36TH COURT HOLLYWOOD, FL 33021					NOT W THIS SP			
8. The above the obligat	named entity submits this statement for the ions of registered agent.	ne purpose of changing its register	red office or regis	stered agent, or b	oth, in the State of Flo	rida. I am familiar with, a	nd accept	
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registers	ed Agent signature requ	uired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing .	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DI	RECTORS		this to the second year of which				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JAKUBOWICZ, SAUL 4920 N. 36TH COURT HOLLYWOOD, FL 33021		: a . :		U00	000609293 07-80045-010	ነርሽ ሰ	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VD COOPER, PAULA J 4920 NORTH 36 COURT HOLLYWOOD, FL 33021			nik, vindekilten niseralaat na Sunau S. a.		O,0 CF000 010	130.6	
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12. I hereby certify that the information supplied with this filting 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 of/trusteg ampowered 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:

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07

Daytime Phone #