


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90019 017 ***150.00

DOCUMENT # P02000034059 1. Entity Name AMERICAN BENEFIT PARTNERS, INC.																																	
Principal Place of Business 7700 CONGRESS AVENUE SUITE 2208 BOCA RATON, FL 33487			Mailing Address 7700 CONGRESS AVENUE SUITE 2208 BOCA RATON, FL 33487																														
2. Principal Place of Business 7768 Court Yard Run W. Suite, Apt. #, etc. SUITE 180		3. Mailing Address same Suite, Apt. #, etc.																															
City & State Boca Raton, FL		City & State		4. FEI Number 01-0653979																													
Zip 33433		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent PRUDEN, JAMES L ESQUIRE 370 W AMINO GARDENS BLVD, STE 210 BOCA RATON, FL 33432			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> D CARLET, LESLIE 7768 COURTYARD RUN WEST BOCA RATON, FL 33433 <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLET, LESLIE 7768 COURTYARD RUN WEST BOCA RATON, FL 33433 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> </table>			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 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: <u>Leslie M. Carlet</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-30-04 561-372-0371 Date Daytime Phone #																														