

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004487

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** GROUP BENEFIT CONCEPTS, INC.

**Current Principal Place of Business:**

18459 PINES BOULEVARD SUITE 220  
220  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18459 PINES BOULEVARD SUITE 220  
SUITE 220  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 82-0581163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIYARES, LEONARDO  
100 ALMERIA AVENUE  
SUITE 230  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: CHASKIN, BRUCE  
Address: 18459 PINES BOULEVARD SUITE 220  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VTD  
Name: SILVERSTEIN, BRUCE  
Address: 18459 PINES BOULEVARD SUITE 220  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE SILVERSTEIN

VP

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date