JO4 FOR PROFIT CORPORATION ANNUAL REPORT

JMENT # P03000009915

EFIT GUARANTY CORP.



FILED Jul 13, 2004 8:00 am Secretary of State 04-12-2004 90250 035 ***150.00

Jain aireal Dian	C						-						
Principal Place		4 .	Mailing Ac	* *		•							
14629 SW 10		rii -		W 104 ST S-52	20				64298	358			
MIAMI, FL 33	3186)/ 	MIAMI, FI	L 33186									
		•		•									
2. Principal P	lace of Busin	eşs	3. Mailing	Address									
Suite, Apt.	#. etc.	<u> </u>	Suite Ar	ot. #, etc.	······					_		۷.	•
		ij					033020		Chg-P / <i>G (</i>	94	R2E03	4 (10/03)	
City & State	e	4	City & St	tate			4. FEIN	iumber /4.	106	904	/	"L	oplied For ot Applicable
Zip -	•	*Country	Zip		Country		5. Certif	ficate of St	atus Desire	d []. · . \$	8.75 Add ee Require	ditional ed
	6. Name	and Address of Curren	nt Registered A	gent			7. Name	e and Add	ress of Ne	v Regist	ered A	gent	
		1 1			Na	ame						7	
ASSURED 6278 N FE	DERAL H	WY #293			Sti	Street Address (P.O. Box Number is Not Acceptable)					·	- 	
FT LAUDE	RDALE, F	L 33306			<u> </u>							······································	
		i i			. Ci	ity					FL	Zip Cod	ie
8. The above	named entity	submits this statement	for the purpose	of changing its	registered of	ffica or regis	stered agent,	or both, in	the State of	f Florida.	I am fa	miliar with,	, and accept
the obligat	tions of regist	ered agent.						•					
SIGNATURE.		<u> </u>		·				<u>-</u>			<u> </u>		
	Signature, typed	or printed name of registered age	ent and title if applicable	le. (NOTE	: Registered Agei	per erutanție requ	ulred when reinstati	ing)		·	DATE		
FIL	E NOW!!	FEE IS \$150.00		Election Campai	-		\$5.00 May E	Ве					
After W	ay 1, 2004	Fee will be \$550	3.00	rust Fund Conti	ribution.		Added to Fees	·	-				
	ay 1, 2002			rust Funa Conti		LJ A		_ 1	NGES TO	,	CAND	DIRECTOR	<u> </u>
10.	·		D.00	·	11.			_ 1	NGES TO (OFFICER	S AND		
	P	OFFICERS AN		Delete	11.			_ 1	NGES TO (OFFICER	S AND	DIRECTOR	AS IN 11
10.	P RIVERO,	OFFICERS AN		·	11.			_ 1	NGES TO (OFFICER	S AND		
10. TITLE NAME	P	OFFICERS AN RIBERTO JR 971127		·	11. TITLE NAME	DDRESS		_ 1	NGES TO (OFFICER	S AND		
10. TITLE NAME STREET ADDRESS	P RIVERO, PO BOX 9	OFFICERS AN RIBERTO JR 971127		·	11. TITLE NAME STREET AD	DDRESS		_ 1	NGES TO (OFFICER	S AND	☐ Change	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P RIVERO, PO BOX 9 MIAMI, FL V HARRIS,	OFFICERS AN RIBERTO JR 971127 33197 BARBARA	ID DIRECTORS	☐ Delete	11. TITLE NAME STREET AD CITY-ST-Z	DDRESS		_ 1	NGES TO (OFFICER	S AND		Addition
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P RIVERO, PO BOX 9 MIAMI, FL V HARRIS, 14225 SW	OFFICERS AN RIBERTO JR 971127 33197 BARBARA / 94 CIRCLE LANE #	ID DIRECTORS	☐ Delete	11. TITLE NAME STREET AD CITY-ST-Z .TITLE NAME STREET AD	DORESS ZIP		_ 1	NGES TO (DFFICER	S AND	☐ Change	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	P RIVERO, PO BOX 9 MIAMI, FL V HARRIS, 14225 SW MIAMI, FL	OFFICERS AN RIBERTO JR 971127 33197 BARBARA / 94 CIRCLE LANE #	ID DIRECTORS	Delete	11. TITLE NAME STREET AD CITY-ST-Z JITLE NAME STREET AD CITY-ST-Z	DORESS ZIP		_ 1	NGES TO (DFFICER	SAND	☐ Change	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P RIVERO, PO BOX 9 MIAMI, FL V HARRIS, 14225 SW MIAMI, FL	OFFICERS AN RIBERTO JR 971127 33197 BARBARA / 94 CIRCLE LANE.#	D DIRECTORS	☐ Delete	11. TITLE NAME STREET AD CITY-ST-Z JITLE NAME STREET AD CITY-ST-Z TITLE	DORESS ZIP		_ 1	NGES TO (DEFICER	SAND	☐ Change	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	P RIVERO, PO BOX 9 MIAMI, FL V HARRIS, 14225 SW MIAMI, FL S GARBON	OFFICERS AN RIBERTO JR 971127; 33197 BARBARA 94 CIRCLE LANE.# 33186	D DIRECTORS	Delete	11. TITLE NAME STREET AD CITY-ST-Z JITLE NAME STREET AD CITY-ST-Z TITLE NAME	DDRESS ZIP DDRESS ZIP		_ 1	NGES TO (OFFICER	S AND	☐ Change	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P RIVERO, PO BOX 9 MIAMI, FL V HARRIS, 14225 SW MIAMI, FL S GARBON 6278 N FE	OFFICERS AN RIBERTO JR 971127 33197 BARBARA / 94 CIRCLE LANE.#	D DIRECTORS	Delete	11. TITLE NAME STREET AD CITY-ST-Z JITLE NAME STREET AD CITY-ST-Z TITLE	DDRESS ZIP DDRESS ZIP DDRESS		_ 1	NGES TO (OFFICER	S AND	☐ Change	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P RIVERO, PO BOX 9 MIAMI, FL V HARRIS, 14225 SW MIAMI, FL S GARBON 6278 N FE	OFFICERS AN RIBERTO JR 971127; 33197 BARBARA / 94 CIRCLE LANE # 33186 NE, FRANK CAR EDERAL HWY #293	D DIRECTORS	Delete	11. TITLE NAME STREET AD CITY-ST-Z JITLE NAME STREET AD CITY-ST-Z TITLE NAME STREET AD STREET AD STREET AD	DDRESS ZIP DDRESS ZIP DDRESS		_ 1	NGES TO (OFFICER		☐ Change ☐ Change	Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P RIVERO, PO BOX 9 MIAMI, FL V HARRIS, 14225 SW MIAMI, FL S GARBON 6278 N FE	OFFICERS AN RIBERTO JR 971127; 33197 BARBARA / 94 CIRCLE LANE # 33186 NE, FRANK CAR EDERAL HWY #293	D DIRECTORS	Delete Delete	11. TITLE NAME STREET AD CITY-ST-2	DDRESS ZIP DDRESS ZIP DDRESS		_ 1	NGES TO (OFFICER		☐ Change	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P RIVERO, PO BOX 9 MIAMI, FL V HARRIS, 14225 SW MIAMI, FL S GARBON 6278 N FE	OFFICERS AN RIBERTO JR 971127; 33197 BARBARA / 94 CIRCLE LANE # 33186 NE, FRANK CAR EDERAL HWY #293	D DIRECTORS	Delete Delete	11. TITLE NAME STREET AD CITY-ST-2	DODRESS ZIP DODRESS ZIP DODRESS ZIP		_ 1	NGES TO (DFFICER		☐ Change ☐ Change	Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	P RIVERO, PO BOX 9 MIAMI, FL V HARRIS, 14225 SW MIAMI, FL S GARBON 6278 N FE	OFFICERS AN RIBERTO JR 971127; 33197 BARBARA / 94 CIRCLE LANE # 33186 NE, FRANK CAR EDERAL HWY #293	D DIRECTORS	Delete Delete Delete	11. TITLE NAME STREET AD CITY-ST-Z CITY-ST-Z CITY-ST-Z	DODRESS ZIP DODRESS ZIP DODRESS ZIP		_ 1	NGES TO (DEFICER		☐ Change ☐ Change ☐ Change	Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P RIVERO, PO BOX 9 MIAMI, FL V HARRIS, 14225 SW MIAMI, FL S GARBON 6278 N FE	OFFICERS AN RIBERTO JR 971127; 33197 BARBARA / 94 CIRCLE LANE # 33186 NE, FRANK CAR EDERAL HWY #293	D DIRECTORS	Delete Delete	11. TITLE NAME STREET AD CITY-ST-Z TITLE THE STREET AD CITY-ST-Z TITLE	DODRESS ZIP DODRESS ZIP DODRESS ZIP		_ 1	NGES TO (DEFICER		☐ Change ☐ Change	Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	P RIVERO, PO BOX 9 MIAMI, FL V HARRIS, 14225 SW MIAMI, FL S GARBON 6278 N FE	OFFICERS AN RIBERTO JR 971127; 33197 BARBARA / 94 CIRCLE LANE # 33186 NE, FRANK CAR EDERAL HWY #293	D DIRECTORS	Delete Delete Delete	11. TITLE NAME STREET AD CITY-ST-2 TITLE NAME	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP		_ 1	NGES TO (DEFICER		☐ Change ☐ Change ☐ Change	Addition Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERO, PO BOX 9 MIAMI, FL V HARRIS, 14225 SW MIAMI, FL S GARBON 6278 N FE	OFFICERS AN RIBERTO JR 971127; 33197 BARBARA / 94 CIRCLE LANE # 33186 NE, FRANK CAR EDERAL HWY #293	D DIRECTORS	Delete Delete Delete	11. TITLE NAME STREET AD CITY-ST-Z TITLE THE STREET AD CITY-ST-Z TITLE	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS		_ 1	NGES TO (OFFICER		☐ Change ☐ Change ☐ Change	Addition Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P RIVERO, PO BOX 9 MIAMI, FL V HARRIS, 14225 SW MIAMI, FL S GARBON 6278 N FE	OFFICERS AN RIBERTO JR 971127; 33197 BARBARA / 94 CIRCLE LANE # 33186 NE, FRANK CAR EDERAL HWY #293	D DIRECTORS	Delete Delete Delete Delete	11. TITLE NAME STREET AD CITY-ST-2	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS		_ 1	NGESTO	DEFICER		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P RIVERO, PO BOX 9 MIAMI, FL V HARRIS, 14225 SW MIAMI, FL S GARBON 6278 N FE	OFFICERS AN RIBERTO JR 971127; 33197 BARBARA / 94 CIRCLE LANE # 33186 NE, FRANK CAR EDERAL HWY #293	D DIRECTORS	Delete Delete Delete	11. TITLE NAME STREET AD CITY-ST-Z	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS		_ 1	NGES TO	DFFICER		☐ Change ☐ Change ☐ Change	Addition Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P RIVERO, PO BOX 9 MIAMI, FL V HARRIS, 14225 SW MIAMI, FL S GARBON 6278 N FE	OFFICERS AN RIBERTO JR 971127; 33197 BARBARA / 94 CIRCLE LANE # 33186 NE, FRANK CAR EDERAL HWY #293	D DIRECTORS	Delete Delete Delete Delete	11. TITLE NAME STREET AD CITY-ST-Z TITLE TITLE NAME STREET AD CITY-ST-Z TITLE	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP		_ 1	NGES TO (DFFICER		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

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 and address, with all other like empowered.

SIGNATURE:

FICER OF DIRECTOR

Affachment

Employer's Quarterly Federal Tax Return See separate instructions revised January 2003 for information on completing this return January 2003) rtment of the Treasury Please type or print. 14-1868404 rnal Revenue Service ∠nter state OMB No. 1545-0029 code for state in which *******AUTO**5-DIGIT 33186 т deposits were FF made only if E005AAM **P52** different from FD GUARANTY CORP state in BENEFIT FP 14629 ZW 104TH ZT # 2-520 863 address to ı the right 33186-2905. MIAMI FL (see page T 2 of separate instructions). 3 3 If address is different IRS from prior return, check here > 8 8 8 8 B If you are a seasonal employer, see Seasonal employers on page 1 of the instructions and check here > L Number of employees in the pay period that includes March 12th . > 1 2 2 Total wages and tips, plus other compensation. Total income tax withheld from wages, tips, and sick pay 3 3 4 4 Adjustment of withheld income tax for preceding quarters of this calendar year 5 5 Adjusted total of income tax withheld (line 3 as adjusted by line 4) \times 12.4% (.124) = 6b 6 Taxable social security wages \times 12.4% (.124) = 6c 6d Taxable social security tips. \times 2.9% (.029) = 7a 7b 7 Taxable Medicare wages and tips Total social security and Medicare taxes (add lines 6b, 6d, and 7b). Check here if wages 8 8 Adjustment of social security and Medicare taxes (see instructions for required explanation) Sick Pay \$ ____ ± Fractions of Cents \$ ____ ± Other \$ _ 10 Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9) 10 11 11 12 12 Advance earned income credit (EIC) payments made to employees (see instructions) . 13 Net taxes (subtract line 12 from line 11). If \$2,500 or more; this must equal line 17, 13 column (d) below (or line D of Schedule B (Form 941)) 14 14 Total deposits for quarter, including overpayment applied from a prior quarter. 15 Balance due (subtract line 14 from line 13). See instructions Overpayment. If line 14 is more than line 13, enter excess here ▶ \$ Applied to next return or and check if to be: __ Refunded. All filers: If line 13 is less than \$2,500, do not complete line 17 or Schedule B (Form 941). • Semiweekly schedule depositors: Complete Schedule B (Form 941) and check here • Monthly schedule depositors: Complete line 17, columns (a) through (d), and check here. Monthly Summary of Federal Tax Liability. (Complete Schedule B (Form 941) Instead, if you were a semiweekly schedule depositor.) (a) First month liability (b) Second month liability (c) Third month liability (d) Total liability for quarter Do you want to allow another person to discuss this return with the IRS (see separate instructions)? Yes. Complete the following. No No Third **Party** Designee's Phone Personal Identification Designee name ⊳ - number (PIN) no. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Sign and belief, it is true, correct, and complete. **Print Your** Here

Name and Title ▶

Date >

Signature >

Affachmen 66429858

July 5, 2004

Florida Department of State Divsion of Corporations

PO Box 6327-Tallahassee, Florida 32314

RE: Benefit Guaranty Corp. Ref. # P03000009915 Incorrect address Benefit Guaranty Corp. 14629 SW 104th. Street S-520 Miami, Fla. 33186

If you will look at your Annual Report Form, the address is correct just as it is above.

Your letter to my corporation dated May 19, 2004, an incorrect address was placed on it by your Office.

Please be sure you have the correct address now in your files.

The Annual Report form was filed correctly the Tax I.D.#Sissued is in fact correct (14-1868@04)/

I would appreciate a response to these matters to verify all is correct.

Sincerely

Franklin D. Carbone

Secretary

Benefit Guaranty Corp.

attachments c/c file

You may contact me personally at 954-489-1398