

04 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

04-12-2004 90250 035 ***150.00

UMENT # P03000009915

Name
BENEFIT GUARANTY CORP.



Principal Place of Business
14629 SW 104 ST S-520
MIAMI, FL 33186

Mailing Address
14629 SW 104 ST S-520
MIAMI, FL 33186

66429858



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302004

Chg-P

CR2E034 (10/03)

4. FEI Number

14. 1868404

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASSURED BENEFITS CORP.
6278 N FEDERAL HWY #293
FT LAUDERDALE, FL 33306

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

Signature, typed or printed name of registered agent and title if applicable.

(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.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME RIVERO, RIBERTO JR
STREET ADDRESS PO BOX 971127
CITY-ST-ZIP MIAMI, FL 33197

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME HARRIS, BARBARA
STREET ADDRESS 14225 SW 94 CIRCLE LANE #102
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME CARBONE, FRANK CARBONE
STREET ADDRESS 6278 N FEDERAL HWY #293
CITY-ST-ZIP FT LAUDERDALE, FL 33306

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04 954.489.1348

#P0300009915

29Z-0227287

Attachment

66429858

July 5, 2004

Florida Department of State
Division of Corporations

PO Box 6327-Tallahassee, Florida 32314

Benefit Guaranty Corp.
14629 SW 104th. Street S-520
Miami, Fla. 33186

RE: Benefit Guaranty Corp.
Ref. # P03000009915
Incorrect address

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

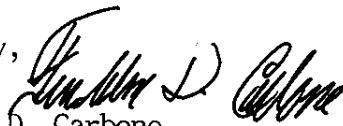
Your letter to my corporation dated May 19, 2004, an incorrect address was placed on it by your Office.

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

The Annual Report form was filed correctly the Tax I.D.# issued is in fact correct (14-1868404).

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