

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90372 010 ***150.00

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1. Entity 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

2. Principal Place of Business

6278 N. FEDERAL HWY.

Suite, Apt. #, etc.

PMB-293

City & State

FT LAUDERDALE, FLA.

Zip

33308

Country

BROWARD

3. Mailing Address

6278 N. FEDERAL HWY.

Suite, Apt. #, etc.

PMB-293

City & State

FT LAUDERDALE, FLA.

Zip

33308

Country

BROWARD

1st MOORE

CR2E034 (10/04)

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

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

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

FRANK CARBONE, SEC.

4-13-05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

FRANK CARBONE, SEC.

4-13-05

1-305-667-8177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #