

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90049 007 \*\*\*150.00

DOCUMENT # P03000009915

1. Entity Name

BENEFIT GUARANTY CORP.



Principal Place of Business

6278 N. FEDERAL HWY  
PMB 293  
FORT LAUDERDALE FL 33308

Mailing Address

6278 N. FEDERAL HWY  
PMB 293  
FORT LAUDERDALE FL 33308



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number

14-1868404

Applied For

Not Applicable

Zip

Country

Zip

Country

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 33308

33308

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

*ASSURED BENEFITS CORP. President*

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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: V  
NAME: GONZALEZ, BARBARA  
STREET ADDRESS: 14515 N KENDALL DR S, # 400  
CITY-ST-ZIP: MIAMI FL 33186 ☐ Delete

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

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT ☒ Change ☐ Addition  
NAME: FRANK CARBONE  
STREET ADDRESS: 6278 N FEDERAL HWY PMB 293  
CITY-ST-ZIP: FT LAUDERDALE, FLA 33308

TITLE: VICE PRES ☒ Change ☐ Addition  
NAME: BARBARA GONZALEZ  
STREET ADDRESS: 14515 N KENDALL DR S 204  
CITY-ST-ZIP: MIAMI, FL 33186

TITLE: SECRETARY ☐ Change ☐ Addition  
NAME: FRANK CARBONE  
STREET ADDRESS: 6278 N FEDERAL HWY PMB 293  
CITY-ST-ZIP: FT LAUDERDALE, FLA 33308

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 PRES*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07

Date

954.489.1398

Daytime Phone #