


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90014 022 ***150.00

DOCUMENT # P03000038684		
1. Entity Name UNITED BENEFIT SOLUTIONS, INC.		

Principal Place of Business 3351 N.E. 17TH WAY OAKLAND PARK, FL 33334 US	Mailing Address 3351 N.E. 17TH WAY OAKLAND PARK, FL 33334 US
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54022111
[REDACTED]

2. Principal Place of Business 1040 Bayview DR		3. Mailing Address 1040 Bayview DR.	
Suite, Apt. #, etc. 522		Suite, Apt. #, etc. 522	
City & State Ft Lauderdale FL		City & State Ft Lauderdale FL.	
Zip 33304	Country	Zip 33304	Country



03032004 Chg-P CR2E034 (10/03)

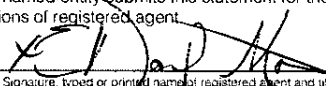
4. FEI Number 56-2339423	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORTON, DAN 3351 N.E. 17TH WAY OAKLAND PARK, FL 33334	
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7. Name and Address of New Registered Agent	
Name MORTON, DAN	
Street Address (P.O. Box Number is Not Acceptable) 1040 Bayview DR	
522	
City Ft Lauderdale.	FL Zip Code 33304

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 	DATE 3/23/04
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Signature, typed or printed name of registered agent and title if applicable.

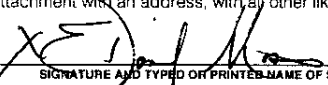
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 3/23/04	Daytime Phone #
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR