


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90206 011 ***150.00

DOCUMENT # P07000053662		
1. Entity Name HEALTHCARE BENEFITS SERVICES, INC.		

Principal Place of Business C/O HUGO P. ARZA, ESQ. 3135 SW 3 AVENUE 1ST FLOOR MIAMI, FL 33129	Mailing Address C/O HUGO P. ARZA, ESQ. 3135 SW 3 AVENUE 1ST FLOOR MIAMI, FL 33129
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60035334

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04082008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8998778		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ARZA, HUGO P ESQ. 3135 SW 3 AVE 1ST FLOOR MIAMI, FL 33129		7. Name and Address of New Registered Agent Name ARZA, HUGO P ESQ Street Address (P.O. Box Number is Not Acceptable) 80 SW 8TH STREET SUITE 1920 City MIAMI FL Zip Code 33130

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 Hugo Arza (NOTE: Registered Agent signature required when reconstituting) DATE 7/21/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD COHEN, SANFORD 3135 SW 3 AVE 1ST FLOOR MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Sanford H Cohen DATE 4/08/08 CHARTERED NUMBER 305 382-3605