

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000118148

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA INNOVATIVE BENEFIT SOLUTIONS, INC.

**Current Principal Place of Business:**

8202 NW 14 ST  
MIAMI, FL 33126

**New Principal Place of Business:**

1701 NW 112TH AVE SUITE 107  
MIAMI, FL 33172

**Current Mailing Address:**

8202 NW 14 ST  
MIAMI, FL 33126

**New Mailing Address:**

1701 NW 112TH AVE SUITE 107  
MIAMI, FL 33172

**FEI Number:** 26-1276713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DORCA, CARLOS  
8202 NW 14 ST  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

DORCA, CARLOS  
1701 NW 112TH AVE SUITE 107  
MIAMI, FL 33172 US

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.

**SIGNATURE:**

04/30/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DORCA, CARLOS  
Address: 8202 NW 14 ST  
City-St-Zip: MIAMI, FL 33126

Title: VP ( ) Delete  
Name: MORALES, MARIA L  
Address: 8202 N.W. 14 ST  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DORCA, CARLOS  
Address: 1701 NW 112TH AVE SUITE 107  
City-St-Zip: MIAMI, FL 33172

Title: VP (X) Change ( ) Addition  
Name: MORALES, MARIA L  
Address: 1701 NW 112TH AVE SUITE 107  
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MARIA L MORALES

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date