

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000001884

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** EMPLOYEE BENEFITS OF FLORIDA, INC.

**Current Principal Place of Business:**

8860 SW 57TH ST  
MIAMI, FL 33170 US

**New Principal Place of Business:**

**Current Mailing Address:**

8860 SW 57 ST  
MIAMI, FL 33173 US

**New Mailing Address:**

**FEI Number:** 65-0380101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARRIAZO, HARUCHY  
8860 SW 57 ST.  
MIAMI, FL 33173 US

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

CARRIAZO, MARUCHY  
8860 SW 57 ST.  
MIAMI, FL 33173 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:** MARUCHY CARRIAZO

01/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** CARRIAZO, ROBERT  
**Address:** 8860 SW 57TH ST.  
**City-St-Zip:** MIAMI, FL 33173

**Title:** PST  
**Name:** CARRIAZO, MARUCHY  
**Address:** 8860 SW 57TH ST.  
**City-St-Zip:** MIAMI, FL 33173

I hereby 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 all other like empowered.

**SIGNATURE:** MARUCHY CARRIAZO

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01/31/2011

Electronic Signature of Signing Officer or Director

Date