

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000044561

1. Entity Name
NATIONAL EMPLOYEE BENEFITS ADMINISTRATORS,
INC.



FILED

08 MAR 31 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2010 NW 150 AVENUE
SUITE 100
PEMBROKE PINES, FL 33028 US

Mailing Address
2010 NW 150 AVENUE
SUITE 100
PEMBROKE PINES, FL 33028 US

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

03142008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0498809

Applied For
Not Applicable

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

PETERS, KARIN A
2010 NW 150 AVENUE
SUITE 100
PEMBROKE PINES, FL 33028

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

300122864463
04/10/08--01002--026 **70.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
DAY, JOHN B
860 SW 150TH TERR
PEMBROKE PINES, FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
SUZANNE DAY
1940 SWEETBAY WAY
HOLLYWOOD, FL 33019 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
DAY, CAROLYN S
860 SW 150TH TERR
PEMBROKE PINES, FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASST CFO
BEATRIZ DOMINGUEZ
8430 NW 16th STREET
PEMBROKE PINES, FL 33024 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
PETERS, KARIN
1020 WILSHIRE CIRCLE W
PEMBROKE PINES, FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
JANET PALMISON
5909 MERLE
TOLEDO, OH 43623 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SIINO, PHILIP
6200 PLYMOUTH LANE
DAVIE, FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
BRIAN PETERS
1020 WILSHIRE CIRCLE W
PEMBROKE PINES, FL 33027 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MAST, DAVID E
2816 SACK DRIVE B
JACKSONVILLE, FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
BRIAN PETERS
1020 WILSHIRE CIRCLE W
PEMBROKE PINES, FL 33027 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ARAGUEZ, MARIA
6140 SW 18TH STREET
MIAMI, FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
BRIAN PETERS
1020 WILSHIRE CIRCLE W
PEMBROKE PINES, FL 33027 ☐ Change ☒ Addition

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:

Betty Dominguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08 9542666322
Date Daytime Phone #