

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90020 029 ***150.00

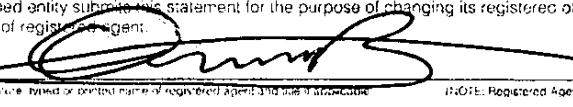
DOCUMENT # P94000077030		
1. Entity Name MUTUAL BENEFITS CORP.		

Principal Place of Business 43 SOUTH POMPANO PARKWAY PMB #112 POMPANO BEACH, FL 33069 US	Mailing Address 43 SOUTH POMPANO PARKWAY PMB #112 POMPANO BEACH, FL 33069 US
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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

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. 32399 TALLAHASSEE, FL 32399	
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7. Name and Address of New Registered Agent Name: BEASON, ORAL ESQ. Street Address (P.O. Box Number is Not Acceptable) 3000 GATEWAY DRIVE City: POMPANO BEACH FL Zip Code: 33069	
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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 date of association (NOTE: Registered Agent signature required when reinstating)	DATE: 2/21/08
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>CAR</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MARTINEZ, ROBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>43 SOUTH POMPANO PARKWAY</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>POMPANO BEACH, FL 33069</td> <td></td> </tr> </table>		TITLE	CAR	☐ Delete	NAME	MARTINEZ, ROBERTO		STREET ADDRESS	43 SOUTH POMPANO PARKWAY		CITY - ST - ZIP	POMPANO BEACH, FL 33069		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 registered 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: 2/21/08