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.

400356[illegible]

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

01282008 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0528700 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

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

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] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 2/21/08

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CAR MARTINEZ, ROBERTO 43 SOUTH POMPANO PARKWAY POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/21/08 — Daytime Phone #

January 28, 2008 max