

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000090091

Entity Name: BENEFITS PLUS, INC.

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

8450 SW 59 AVE  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 430606  
S. MIAMI, FL 332430606 US

**New Mailing Address:**

FEI Number: 65-0545544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COMENDEIRO, JUAN C  
8450 SW 59 AVE  
MIAMI, FL 33143 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: COMENDEIRO, JUAN C  
Address: 8450 SW 59 AVE  
City-St-Zip: MIAMI, FL 33143

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JUAN COMENDEIRO

DP

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date