

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90345 041 ***150.00

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1. Entity Name

ASSURED BENEFITS CORP.

Principal Place of Business

4425 POINCIANA ST., #5
 LAUDERALE BY THE SEA FL 33308
 US

Mailing Address

4425 POINCIANA ST., #5
 LAUDERALE BY THE SEA FL 33308
 US

14001260



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

6278 N. FEDERAL HWY

Suite, Apt. #, etc.

PMB-293

City & State

FT. LAUDERDALE, FL.

4. FEI Number

65-0677522

Applied For

Not Applicable

Zip

Country

Zip

Country

33308

BROWARD

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

CARBONE, FRANKLIN D.
 4425 POINCIANA ST. #5
 FT LAUDERDALE FL 33308

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD Delete
 NAME CARBONE, FRANKLIN D
 STREET ADDRESS 6278 NORTH FEDERAL HIGHWAY, S-293
 CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE VS Delete
 NAME REMONLINO, JANIS
 STREET ADDRESS 905 BROAD STREET D2
 CITY-ST-ZIP BLOOMFIELD NJ 07003

TITLE S Delete
 NAME HARRIS, BARBARA
 STREET ADDRESS 14225 SW 94 CIR. N. BLDG 11 102
 CITY-ST-ZIP MIAMI FL 33186

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Franklin D. Carbone* PRES. FRANKLIN D. CARBONE 3/31/04 954.489.1398
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #