## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000054884

HARRIS, BARBARA

MIAMI, FL 33186

14225 SW 94 CIR. N. BLDG 11 102

Name:

Address:

City-St-Zip:

Entity Name: ASSURED BENEFITS CORP.

FILED Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4425 POINCIANA ST. LAUDERALE BY THE SEA, FL 33308 US **New Mailing Address: Current Mailing Address:** 6278 N. FEDERAL HWY PMB 293 LAUDERALE BY THE SEA, FL 33308 US FEI Number: 65-0677522 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARBONE, FRANKLIN D. 4425 POINCIANA ST. #5 FT LAUDERDALE, FL 33308 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CARBONE, FRANKLIN D Name: Name: 6278 NORTH FEDERAL HIGHWAY, S-293 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: Title: ٧S Title: () Change () Addition () Delete REMONLINO, JANIS Name: Name: 905 BROAD STREET D2 Address: Address: BLOOMFIELD, NJ 07003 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

GONZALEZ, BARBARA

7601 S.W. 135TH AVE

MIAMI, FL 33183

SIGNATURE: FRANK CARBONE PRES 04/27/2009