

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000054884

FILED  
Mar 08, 2011  
Secretary of State

**Entity Name:** ASSURED BENEFITS CORP.

**Current Principal Place of Business:**

7601 S.W. 135TH AVE  
MIAMI, FL 33183 US

**New Principal Place of Business:**

**Current Mailing Address:**

6278 N. FEDERAL HWY  
PMB 293  
LAUDERALE BY THE SEA, FL 33308 US

**New Mailing Address:**

**FEI Number:** 65-0677522      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CARBONE, FRANKLIN D.  
7601 S. W. 135TH AVE  
MIAMI, FL 33183 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

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** CARBONE, FRANKLIN D  
**Address:** 6278 NORTH FEDERAL HIGHWAY, S-293  
**City-St-Zip:** FORT LAUDERDALE, FL 33308

**Title:** VS  
**Name:** REMONLINO, JANIS  
**Address:** 6 G NOB HILL DR.  
**City-St-Zip:** ROSELAND, NJ 07068

I hereby 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 all other like empowered.

SIGNATURE: FRANKLIN CARBONE

PSTD

03/08/2011

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

\_\_\_\_\_ Date