

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000054697

FILED
Jul 02, 2007
Secretary of State

Entity Name: EMPLOYER'S BENEFIT PLANNING GROUP, INC.

Current Principal Place of Business:

8385 NW 157 TERRACE
MIAMI LAKE, FL 33016

New Principal Place of Business:

14331 COMMERCE WAY
MIAMI LAKES, FL 33016

Current Mailing Address:

8385 NW 157 TERRACE
MIAMI LAKE, FL 33016

New Mailing Address:

14331 COMMERCE WAY
MIAMI LAKES, FL 33016

FEI Number: 65-0779616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, RITA
8385 NW 157 TERR.
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

ALVAREZ, RITA
8385 NW 157 TERRACE
MIAMI LAKES, FL 33016 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:

07/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALVAREZ, RITA
Address: 8385 NW 157 TER
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP () Delete
Name: ALVAREZ, RUBEN D
Address: 8385 NW 157 TER
City-St-Zip: MIAMI LAKE, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALVAREZ, RITA
Address: 8385 NW 157 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP (X) Change () Addition
Name: ALVAREZ, RUBEN D
Address: 8385 NW 157 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

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: RITA ALVAREZ

PRES

07/02/2007

Electronic Signature of Signing Officer or Director

Date