

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000092242

FILED
Apr 21, 2006
Secretary of State

Entity Name: HR BENEFITS SERVICES, INC.

Current Principal Place of Business:

7205 NW 19 ST
208
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

7205 NW 19 ST
208
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 65-0879187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROIZ, MARIO
7205 NW 19 ST
#208
MIAMI, FL 33126 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: PD () Delete
Name: ROIZ, MARIO
Address: 150 S.E. 25 ROAD, 8F
City-St-Zip: MIAMI, FL 33129 US

Title: ST () Delete
Name: ROIZ, VIVIAN
Address: 836 MADRID ST.
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROIZ, MARIO
Address: 7301 SW 82 COURT
City-St-Zip: MIAMI, FL 33143 US

Title: ST (X) Change () Addition
Name: ROIZ, VIVIAN
Address: 4925 COLLINS AVE, 6E
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIO ROIZ

PD

04/21/2006

Electronic Signature of Signing Officer or Director

_____ Date