


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M46224</b> 1. Entity Name PRO PREMIUM FINANCE COMPANY, INC.	
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Principal Place of Business 5012 HOLLYWOOD BLVD S-200 HOLLYWOOD, FL 33021 US	Mailing Address 5012 HOLLYWOOD BLVD S-200 HOLLYWOOD, FL 33021 US
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01152008 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-2782460	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  FISCHER, STEVEN CPA 300 S PINE ISLAND ROAD STE 110 PLANTATION, FL 33324	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	GLANTZ, TONI
STREET ADDRESS	2431 SW 131 TERRACE
CITY - ST - ZIP	DAVIE, FL 33325
TITLE	P
NAME	GLANTZ, DANIEL
STREET ADDRESS	2431 SW 131 TERRACE
CITY - ST - ZIP	DAVIE, FL 33325
TITLE	VP
NAME	PEREZ, TONY M
STREET ADDRESS	PO BOX 823672
CITY - ST - ZIP	PEMBROKE PINES, FL 33082
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/24/08-80007-008 158.75

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/16/08 Daytime Phone #: 954-929-4530