## 2007 FOR PROFIT CORPORATION ..

## FILED ANNUAL REPORT Apr 02, 2007 08:00 AM **DOCUMENT # P96000026355 Secretary of State** PREMIERE PLUS INSURANCE, INC. Principal Place of Business Mailing Address 4804 SW 28 TERR 4804 SW 28 TERR FT LAUDERDALE, FL 33312 FT LAUDERDALE, FL 33312 03302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0666418 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 5. Name and Address of Current Registered Agent MARCU, MONICA M DO NOI WRITE 1301 NE MIAMI GARDENS DR #525W IN THIS SPACE N MIAMI, FL 33179 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MARCU, MONICA M NAME STREET ADDRESS 1301 NE MIAMI GARDENS DR #525W CITY-ST-ZIP N MIAMI, FL 33179 U00000686695 04/10/07-80009-025 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 report is 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS