

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90481 024 \*\*\*150.00

DOCUMENT # P97000021978  
1. Entity Name  
**PREMIUM INVESTMENTS, Corp**

**DO NOT WRITE IN THIS SPACE**

**44045375**

2. Principal Place of Business <b>2460 SW 137 Ave</b> Suite, Apt. #, etc. <b>Ste 251</b> City & State <b>MIAMI FL</b> Zip <b>33175</b> Country <b>USA</b>		3. Mailing Address <b>2460 SW 137 Ave</b> Suite, Apt. #, etc. <b>Ste 251</b> City & State <b>MIAMI FL</b> Zip <b>33175</b> Country <b>USA</b>	
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4. FEI Number <b>65-0747217</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of Current Registered Agent Name <b>KABA MOISES III</b> Street Address (P.O. Box Number is Not Acceptable) <b>2460 SW 137 Ave</b> <b>Ste 251</b> City <b>MIAMI</b> FL Zip Code <b>33175</b>	

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.  
SIGNATURE *Moises Kaba* DATE 4/29/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**January 1 - May 1: Fee is \$150.00**  
**After May 1: Fee is \$350.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KABA, Moises III</b> <b>2460 SW 137 Ave Ste 251</b> <b>MIAMI FL 33175</b>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Moises Kaba* DATE 4/29/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)