

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P97000021978</b>	
1. Entity Name <b>PREMIUM INVESTMENTS, CORP.</b>	



FILED

07 JUN 13 AM 7:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>3320 W. 84 STREET BAY 2 &amp; 3 HIALEAH, FL 33015</b>	Mailing Address <b>1840 W. 49 STREET SUITE# 235 HIALEAH, FL 33012</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06042007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0747217</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>KABA, MOISES III 1840 W. 49 STREET SUITE 235 HIALEAH, FL 33012</b>		7. Name and Address of New Registered Agent Name <b>BRENDA KABA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1950 S.W. 16 TERRACE</b> City <b>MIAMI</b> FL Zip Code <b>33145</b>	
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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: <i>Brenda Kaba</i> Signature, typed or printed name of registered agent and title if applicable.	DATE: <i>6/8/07</i> (NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S KABA, MOISES III 1840 W 49 STREET, SUITE 235 HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S KABA, BRENDA 1950 S.W. 16 TERRACE MIAMI, FL. 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESCANDELL, SEAN 1950 S.W. 16 TERRACE MIAMI, FL. 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESCANDELL, CLINT 1950 S.W. 16 TERRACE MIAMI, FL. 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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06/18/07--01073--007 \*\*\$61.25

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.	
SIGNATURE: <i>Brenda Kaba, President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <i>6/8/07</i> Daytime Phone #