

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90189 008 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                              |                                                                          |                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # S10454</b><br>1. Entity Name<br><b>ELITE PREMIUM FINANCE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                              |                                                                          |  |  |
| Principal Place of Business<br><b>385 ALHAMBRA CIRCLE<br/>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                              | Mailing Address<br><b>385 ALHAMBRA CIRCLE<br/>CORAL GABLES, FL 33134</b> |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | 3. Mailing Address                                                                           |                                                                          |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | Suite, Apt. #, etc.                                                                          |                                                                          |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | City & State                                                                                 |                                                                          |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                         | Zip                                                                                          | Country                                                                  |                                                                                   |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                              |                                                                          | 7. Name and Address of New Registered Agent                                       |  |
| JESUS PEDROSO<br>385 ALHAMBRA CIRCLE<br>CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                              |                                                                          | Name                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                              |                                                                          | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                              |                                                                          | City                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                              |                                                                          | FL Zip Code                                                                       |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                              |                                                                          |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>          |                                                                          | <b>\$5.00 May Be<br/>Added to Fees</b>                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                                                                          |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P                               | <input type="checkbox"/> Delete                                                              | TITLE                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DE ONA, JORGE V                 |                                                                                              | NAME                                                                     |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 385 ALHAMBRA CIRCLE             |                                                                                              | STREET ADDRESS                                                           |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CORAL GABLES, FL 33134          |                                                                                              | CITY-ST-ZIP                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP                              | <input type="checkbox"/> Delete                                                              | TITLE                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CARRILLO, JUAN C                |                                                                                              | NAME                                                                     |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 385 ALHAMBRA CIRCLE             |                                                                                              | STREET ADDRESS                                                           |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CORAL GABLES, FL 33134          |                                                                                              | CITY-ST-ZIP                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S                               | <input type="checkbox"/> Delete                                                              | TITLE                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PEDROSO, JESUS                  |                                                                                              | NAME                                                                     |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 385 ALHAMBRA CIRCLE             |                                                                                              | STREET ADDRESS                                                           |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CORAL GABLES, FL 33134          |                                                                                              | CITY-ST-ZIP                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                              | TITLE                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                              | NAME                                                                     |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                              | STREET ADDRESS                                                           |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                              | CITY-ST-ZIP                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                              | TITLE                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                              | NAME                                                                     |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                              | STREET ADDRESS                                                           |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                              | CITY-ST-ZIP                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                              | TITLE                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                              | NAME                                                                     |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                              | STREET ADDRESS                                                           |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                              | CITY-ST-ZIP                                                              |                                                                                   |  |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, until all other like empowered. |                                 |                                                                                              |                                                                          |                                                                                   |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                              | <b>JUAN CARLOS CARRILLO</b>                                              |                                                                                   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                              | <small>Date</small> <b>7/2/04</b>                                        |                                                                                   |  |