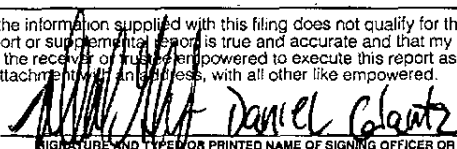


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M46224 1. Entity Name PRO PREMIUM FINANCE COMPANY, INC.			
Principal Place of Business 5012 HOLLYWOOD BLVD S-200 HOLLYWOOD, FL 33021 US		Mailing Address 5012 HOLLYWOOD BLVD S-200 HOLLYWOOD, FL 33021 US	
DO NOT WRITE IN THIS SPACE			
		01102005 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-2782460		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISCHER, STEVEN CPA 300 S PINE ISLAND ROAD STE 110 PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000248143 03/02/05-80017-020 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLANTZ, TONI 2431 SW 131 TERRACE DAVIE, FL 33325		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLANTZ, DANIEL 2431 SW 131 TERRACE DAVIE, FL 33325		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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, with all other like empowered.			
SIGNATURE:  Daniel Glantz		Date: 3/1/05 Daytime Phone #: 954-929-9130	