

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90024 025 ***158.75

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



02132007 No Chg-P CR2E034 (11/05)

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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
**Vice President of Operations
Tony M. Perez
P.O. Box 823672
Pembroke Pines, FL 33082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 full power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/07

954-9294530