# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Ρ

SIGNATURE: ALAN D GOLDBERG

Electronic Signature of Signing Officer/Director Detail

FEI Number: 59-2088671	Ce
Name and Address of Current Registered Agent:	

GOLDBERG, ALAN D 1 E. BROWARD BLVD #700 FORT LAUDERDALE, FL 33301 US

DOCUMENT# F29972

18406 E COUNTRY CLUB DR ARLINGTON, WA 98223

**Current Mailing Address:** 18406 E COUNTRY CLUB DR ARLINGTON, WA 98223 US

Entity Name: PREMIUM SAVERS, INC.

**Current Principal Place of Business:** 

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:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

•			
Title	PD	Title	STD
Name	GOLDBERG, ALAN	Name	GOLDBERG, SHERYL K
Address	18406 E COUNTRY CLUB DR	Address	18406 E COUNTRY CLUB DR
City-State-Zip:	ARLINGTON WA 98223	City-State-Zip:	ARLINGTON WA 98223

## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### ertificate of Status Desired: No

Date

01/16/2020

## FILED Jan 16, 2020 Secretary of State 6837429660CC

Date