

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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	ANNOAL	KEFOKI						
DOCUMENT # F0300003841  1. Entity Name YORKTOWNE PREMIUM FINANCE COMPANY						AM 7: 42	A	
Principal Place 3915 BISCAY MIAMI, FL 33	NE BLVD.	Mailing Address 3915 BISCAYNE BLVD. MIAMI, FL 33137				E, FLORIDA	1 B16 B1 ) d  (Se)   1   18 B1	
3915	ace of Business	3. Mailing Address	44.					
Suite, Apt.	#, etc.	Suite, Apr. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (1	0/03)	
City & State	Miami, FL	City & State		4. FEI Numbe	3-25520	034	Applied For Not Applicable	
Zip	Country	Zip	Country		of Status Desired	, , \$8.7	75 Additional	
33	137 USA 6. Name and Address of Current I			7. Name and	Address of Nev	ree r v Registered Agent	Required	
			Name			· · · · · · · · · · · · · · · · · · ·		
NAON, ALBERTO ESQ 3915 BISCAYNE BLVD. MIAMI, FL 33137				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Z	lip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or regi	istered agent, or both	n, in the State of	Florida. I am famili	ar with, and accept	
	0							
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$550.00  Due by September 8, 2004  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/0	CHANGES TO C	FFICERS AND DIRE	CTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ESPIN, ROBERTO 3915 BISCAYNE BLVD. MIAMI, FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALTON, KEVIN 3915 BISCAYNE BLVD. MIAMI, FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALDULAIMI, RACHAEL 3915 BISCAYNE BLVD. MIAMI, FL 33137	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	2	0004	03278	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPIN, ROBERTO 3915 BISCAYNE BLVD., 4TH FLO MIAMI, FL 33137	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTON, KEVIN 3915 BISCAYNE BLVD., 4TH FLO MIAMI, FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP				Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAR, WILLIAM 5310 EXPLORER STAR DR, STE MISSISSAUGA, ONTARIO L4W5		TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change 🔲 Addition	

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:

\*\*Review Walton Review of 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 signatures; 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:\*\*

\*\*Review Walton Review of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and scurved 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:\*\*

\*\*Review Walton Wal





ACCOUNT	NO	•	072100000032
VCCCOINT	INO.	•	0/2100000002

REFERENCE: 842!

4320763

AUTHORIZATION

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COST LIMIT : \$ 558.75

ORDER DATE : August 10, 2004

ORDER TIME : 9:48 AM

ORDER NO. : 842598-010

CUSTOMER NO: 4320763 ·

CUSTOMER: Lewis Fickett, Esq

Edwards & Angell

750 Lexington Avenue

Int'l Plaza At 59th Street

New York, NY 10022

ANNUAL REPORT FILING

NAME:

YORKTOWNE PREMIUM FINANCE

COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS:

DIVISION OF CORPORATION

RECEIVED