


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90021 029 ***150.00

DOCUMENT # F03000003841 1. Entity Name YORKTOWNE PREMIUM FINANCE COMPANY	
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40003342



01052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business 3155 NW 77 Ave. Suite, Apt. #, etc.		3. Mailing Address 3155 NW 77 Ave Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33122-1205	Country USA	Zip 33122-1205	Country USA

4. FEI Number 23-2552034	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NAON, ALBERTO ESQ 3915 BISCAYNE BLVD. MIAMI, FL 33137
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7. Name and Address of New Registered Agent Name: Naon, Alberto ESQ Street Address (P.O. Box Number is Not Acceptable): 3155 NW 77 Ave City: Miami FL Zip Code: 33122-1205
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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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ESPIN, ROBERTO 3915 BISCAYNE BLVD. MIAMI, FL 33137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALTON, KEVIN 3915 BISCAYNE BLVD. MIAMI, FL 33137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALDULAIMI, RACHAEL 3915 BISCAYNE BLVD. MIAMI, FL 33137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPIN, ROBERTO 3915 BISCAYNE BLVD., 4TH FLOOR MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTON, KEVIN 3915 BISCAYNE BLVD., 4TH FLOOR MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAR, WILLIAM 5310 EXPLORER STAR DR, STE 200 MISSISSAUGA, ONTARIO L4W5H8, <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Espin, Roberto 3155 NW 77 Ave Miami, FL 33122-1205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Walton, Kevin 3155 NW 77 Ave Miami, FL 33122-1205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Aldulaimi, Rachael 3155 NW 77 Ave Miami, FL 33122-1205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shaun Jackson 3155 NW 77 Ave Miami, FL 33122-1205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Clark 3155 NW 77 Ave Miami, FL 33122-1205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Rachael Aldulaimi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05
Date

Daytime Phone #