2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90297 042 ***150.00

DOCUMENT # L75775

1. Entity Name
DIA PREMIUM FINANCE CORPORATION

Principal Place of Business	Mailing Address
10691 N. KENDALL DR. 304 MIAMI, FL 33176 US	10691 N. KENDALL DR. 304 MIAMI, FL 33176 US

01132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
263 NE 8 STREET	263 NE 8 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State HOMESTEAD FL.	City & State HOMESTEAD FL
Zip 33030 Country USA	Zip 33030 Country

4. FEI Number 65-0198249 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELVECCHIO, PATRICK F.
10691 N. KENDALL DR.
STE. 304
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 263 NE 8 STREET

City HOMESTEAD FL Zip Code 33030

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] ✓ 4-14-05
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DELVECCHIO, PATRICK 263 NE 8TH ST HOMESTEAD, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 HOMESTEAD FL. 33030	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: ✓ [signature] ✓ 4-14-05 ✓ 305-246-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #