

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M46224

1. Entity Name
PRO PREMIUM FINANCE COMPANY, INC.



FILED
Jan 23, 2008 08:00 AM
Secretary of State

Principal Place of Business
5012 HOLLYWOOD BLVD
S-200
HOLLYWOOD, FL 33021 US

Mailing Address
5012 HOLLYWOOD BLVD
S-200
HOLLYWOOD, FL 33021 US



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GLANTZ, TONI
STREET ADDRESS	2431 SW 131 TERRACE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	P
NAME	GLANTZ, DANIEL
STREET ADDRESS	2431 SW 131 TERRACE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	VP
NAME	PEREZ, TONY M
STREET ADDRESS	PO BOX 823672
CITY-ST-ZIP	PEMBROKE PINES, FL 33082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000792419
01/24/08-80007-008 158.75

**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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/08 954-929-4530