

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047945

FILED
Jan 25, 2005
Secretary of State

Entity Name: PREMIUM CAPITAL SYSTEMS CORPORATION

Current Principal Place of Business:

6401 SW 87 AVE STE 212
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

6401 SW 87 AVE STE 212
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-1108179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVENSTEIN, LEONARD
16119 VIA MOUTEVERDE
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVENSTEIN, LEONARD L
Address: 16119 VIA MONTEVEROE
City-St-Zip: DELRAY BEACH, FL 33446

Title: SD () Delete
Name: MEKEAN, RANDOLPH A
Address: 6401 SW. 87 AVE #212
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MCKEAN, RANDOLPH A
Address: 6401 SW. 87 AVE #212
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RANDOLPH A MCKEAN

SD

01/25/2005

Electronic Signature of Signing Officer or Director

Date