

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000059044

1. Entity Name
PREMIUM WEST CORPORATION



Principal Place of Business
**340 NW 51 COURT
FORT LAUDERDALE, FL 33309**

Mailing Address
**340 NW 51 COURT
FORT LAUDERDALE, FL 33309**



04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1116472

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEON, RICARDO A
340 NW 51 COURT
FORT LAUDERDALE, FL 33309**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEON, RICARDO A
STREET ADDRESS 340 NW 51 COURT
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE DT
NAME LEON, REYNA ISABEL
STREET ADDRESS 340 NW 51 COURT
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE VP
NAME LEON, JUAN C
STREET ADDRESS 340 NW 51 COURT
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE D
NAME DEL C. ARGUETA, AIDA
STREET ADDRESS 340 NW 51 COURT
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE S
NAME DELAO, FIDEL A
STREET ADDRESS 340 NW 51 COURT
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE D
NAME DELAO, ROSA A
STREET ADDRESS 340 NW 51 COURT
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

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IN THIS SPACE**

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04/12/04-80064-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/10/04 (954) 650 6155