

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

1. Entity Name  
**PREMIERE MARKET, INC**



Mailing Address

2254 NW 28 STREET  
MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**



04072008      No Chq-P      CR2E034 (11/05)

4. FEI Number  
65-1126977

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIVERO, JOAQUIN  
2254 NW 28 STREET  
MIAMI, FL 33142

**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 reinstalling)

11037799-751

04/24/08-00001-001 150.00

**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
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TITLE	PSTD
NAME	RIVERO, JOAQUIN
STREET ADDRESS	2254 NW 28 STREET
CITY - ST - ZIP	MIAMI, FL 33142

TITLE	VD
NAME	GARCIA, JULIO L
STREET ADDRESS	2254 NW 28 STREET
CITY-ST-ZIP	MIAMI, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 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 # \_\_\_\_\_