


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000003012		
1. Entity Name PREMIUM SECURITIES INCORPORATED		
Principal Place of Business 12155 NE 6TH AVENUE 7 NORTH MIAMI, FL 33161	Mailing Address 5595 SW 80TH ST APT. A 7 NORTH MIAMI, FL 33161	

*Handwritten signature*

FILED

04 JUN 10 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06042004 Chg-P CR2E034 (10/03)

4. FEI Number APPLIED FOR	Applied For
	Not Applicable

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent BUSINESS FILINGS, INC. 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>Robert Middlebrook</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 6/7/04 (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P ROBERT MIDDLEBROOK 5595 SW 80TH ST APT A MIAMI, FL 33143			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		900038426729 06/29/04--01062--008 **150.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/04

305-710-8585