
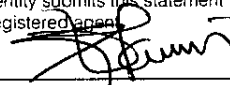
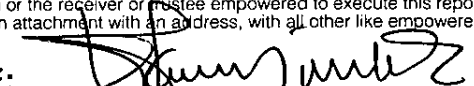


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90004 024 \*\*\*158.75

<b>DOCUMENT # P03000023241</b> 1. Entity Name <b>PREMIER CAPITAL &amp; INVESTMENT CORP.</b>			
Principal Place of Business <b>3785 NW 82 AVENUE SUITE 209 MIAMI FL 33166</b>		Mailing Address <b>3785 NW 82 AVENUE SUITE 209 MIAMI FL 33166</b>	
2. Principal Place of Business <b>2520 NW 97 AVE</b> Suite, Apt. #, etc. <b>SUITE 200</b> City & State <b>MIAMI, FL</b> Zip <b>33172</b> Country <b>USA</b>		3. Mailing Address <b>2520 NW 97 AVE</b> Suite, Apt. #, etc. <b>SUITE 200</b> City & State <b>MIAMI, FL</b> Zip <b>33172</b> Country <b>USA</b>	
4. FEI Number <b>48-1302958</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent  <b>EGBEBIKE, MICHAEL 3785 NW 82 AVENUE SUITE 209 MIAMI FL 33166</b>		7. Name and Address of New Registered Agent Name <b>MICHAEL EGBEBIKE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2520 NW 97 AVE, #200</b> <b>MIAMI</b> City <b>MIAMI</b> FL Zip Code <b>33172</b>	
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  <b>MICHAEL EGBEBIKE, PRESIDENT</b> DATE <b>1/27/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD EGBEBIKE, MICHAEL 3785 NW 82 AVENUE SUITE 209 MIAMI FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EGBEBIKE, MICHAEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2520 NW 97 AVE, SUITE 200 MIAMI, FL 33172
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
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
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
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
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:  <b>MICHAEL EGBEBIKE</b>		Date <b>1/27/04</b> Daytime Phone # <b>305 715 9090</b>	