

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000034533

1. Entity Name

A.R.A. PREMIUM FINANCE CO., INC.



Principal Place of Business

6600 S.W. 57TH AVENUE
SUITE 400
MIAMI FL 33143

Mailing Address

6600 S.W. 57TH AVENUE
SUITE 400
MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

D'ABBIERI, PHILIP
1321 S.W. 102ND AVENUE
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME
D
D'ABBIERI, PHILIP
STREET ADDRESS
1321 S.W. 102ND AVENUE
CITY - ST - ZIP
PEMBROKE PINES FL 33025

TITLE NAME
Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
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STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
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STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
Change Addition
STREET ADDRESS
CITY - ST - ZIP
1100000044443
02/11/04-80021-004 158.75

TITLE NAME
Change Addition
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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

Date

Daytime Phone #

Warren Bryan

2-5-04

305-665-2222