

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # P03000034533**  
 1. Entity Name  
**A.R.A. PREMIUM FINANCE CO., INC.**

|   |   |
|---|---|
| Principal Place of Business<br>6600 S.W. 57TH AVENUE<br>SUITE 200<br>MIAMI FL 33143 | Mailing Address<br>6600 S.W. 57TH AVENUE<br>SUITE 200<br>MIAMI FL 33143 |
|---|---|



|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt #, etc.                             | Suite, Apt #, etc. |

1st MOORE CR2E034 (10/06)

|              |              |                                 |                |
|--------------|--------------|---------------------------------|----------------|
| City & State | City & State | 4. FEI Number <b>80-0057471</b> | Applied For    |
|              |              |                                 | Not Applicable |

|     |         |     |         |  |
|-----|---------|-----|---------|--|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|-----|---------|-----|---------|--|

**6. Name and Address of Current Registered Agent**

**BRYER, WARREN**  
**6600 SW 57TH AVENUE, SUITE 200**  
**MIAMI FL 33143**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>COB</b><br><b>ABRAHAM, ANTHONY R</b><br><b>6600 SW 57TH AVENUE</b><br><b>MIAMI FL 33143</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PRES</b><br><b>ABRAHAM, JOSEPH G</b><br><b>6600 SW 57TH AVENUE</b><br><b>MIAMI FL 33143</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>ABRAHAM, THOMAS G</b><br><b>6600 SW 57TH AVENUE</b><br><b>MIAMI FL 33143</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>ABRAHAM, GEORGE J</b><br><b>6600 SW 57TH AVENUE</b><br><b>MIAMI FL 33143</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>MALOUF, THOMAS H</b><br><b>6600 SW 57TH AVENUE</b><br><b>MIAMI FL 33143</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>S/T</b><br><b>BRYER, WARREN</b><br><b>6600 SW 57TH AVENUE</b><br><b>MIAMI FL 33143</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 03/15/07-80039-017 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** WARREN BRYER, S/T **3/2/07** **305-665-2222**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #