

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

05-19-2004 90012 036 ***550.00

DOCUMENT # P03000037883

1. Entity Name
PREMIUM INTERNATIONAL INVESTMENTS, INC.



Principal Place of Business
**1300 BRICKELL AVENUE
MIAMI, FL 33131**

Mailing Address
**1300 BRICKELL AVENUE
MIAMI, FL 33131**

66427347



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

56-2373576

Applied For

Not Applicable

Zip -

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ, MIALGROS
1300 BRICKELL AVENUE
MIAMI, FL 33131**

Name **Sanchez, Milagros**

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

1300 Brickell Ave

City **miami**

FL

Zip Code **33131**

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 renewing)

DATE

**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 **D** ☒ Delete
NAME **SANCHEZ, MILAGROS A**
STREET ADDRESS **1300 BRICKELL AVENUE**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D** ☒ Change ☒ Addition
NAME **Maria Beatriz Elias**
STREET ADDRESS **1300 Brickell Ave**
CITY-ST-ZIP **Miami FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Francisco Elias**
CITY-ST-ZIP **1300 Brickell Ave**
miami FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Milagros Sanchez** **4/30/04** **305-351-1000**
Date Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone