2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

it changed, or on an attachment with an address, with all other like empowered

Apr 17, 2006 08:00 AM Secretary of State DOCUMENT # P03000062485 PARTNERS PREMIUM FINANCE COMPANY Mailing Address Principal Place of Business 3909 N.E. 163RD STREET NO. MIAMI BEACH FL 33160 3909 N.E. 163RD STREET NO. MIAMI BEACH FL 33160 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State Applied For 4. FEI Number City & State 20-0024665 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Γ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRIMSLEY, CHARLES J 3909 N.E. 163RD STREET Street Address (P.O. Box Number is Not Acceptable) NO. MIAMI BEACH FL 33160 Zip Code City FL 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 in printed name of registered agont and the distribution of the printed parties of registered agont and the distribution of the printed parties of the parties of the printed parties of the parties o (NOTE Registered Agent signature required when remstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 0 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **CFFICERS AND DIRECTORS** 31. Addition ☐ Change me Defete TITLE NAME PARRILLO, RICHARD SR NAMI 000000511602 3909 N.E. 163RD STREET STREET ADDRESS STREET ADDRESS 04/29/06-80052-013 150.00 CITY-ST-ZIP CITY -ST - IVP NO. MIAMI BEACH FL 33160 ☐ Delete Change ☐ Addition TITLE SD 3,1167 NAME GRIMSLEY, CHARLES J HALAF STREET ADDRESS STREET ADDRESS 3909 N.E. 163RD STREET NO. MIAMI BEACH FL 33160 Cata - St - 13P C)1Y-S1-ZIP Adminis Change FILE ☐ Delete MC MAM MANE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP C/1Y-51-2/2 Change Addition HITLE ☐ Defete JJJ: F NAME NAME STREET ADORESS STHELT ADDRESS CITY-ST-71P CITY-ST-23P ☐ Change ☐ Detete TITLE Additio ISSLE MANE MAME STULET ADDRESS STREET ADDRESS CITY -ST - ZIP City-ST-ZIP 7171.1 Defete Hill ☐ Change Additio NAME NAME STREET AUCKESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

CHARLES J. GAIMSLEY 4/3/06 (305) 947-4050

FILED