
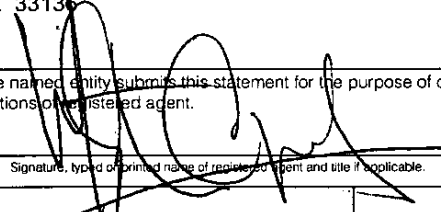
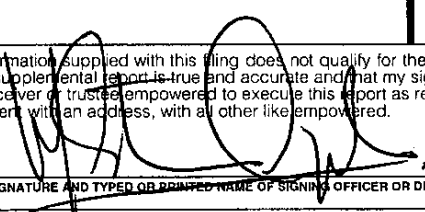


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90409 007 ***150.00

DOCUMENT # P03000086539					
1. Entity Name PREMIUM CARE INSURANCE INC.					
Principal Place of Business 915 N.W. 1ST. AVE. #330 MIAMI, FL 33136			Mailing Address P O BOX 011347 MIAMI, FL 33101		
2. Principal Place of Business 4990 NW 97 Place Suite, Apt. #, etc.		3. Mailing Address 4990 NW 97 Place Suite, Apt. #, etc.			
City & State Doral FL		City & State Doral FL		4. FEI Number 56-2383804	
Zip 33178	Country Miami Dade	Zip 33178	Country Miami Dade	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OJEDA, ARTURO 915 N.W. 1ST. AVE. #330 MIAMI, FL 33136			7. Name and Address of New Registered Agent Name ARTURO OJEDA Street Address (P.O. Box Number is Not Acceptable) 4990 NW 97 PL City DORAL FL Zip Code 33178		
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 the registered agent. SIGNATURE  ARTURO OJEDA 4/25/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OJEDA, ARTURO 915 N.W. 1ST. AVE. #330 MIAMI, FL 33136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OJEDA, ARTURO 4990 NW 97 PL DORAL, FL 33178	<input checked="" 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
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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 exemptions contained in Chapter 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: 			ARTURO OJEDA 4/25/06 (786) 554-5911		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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04152006 Chg-P CR2E034 (11/05)