


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-25-2005 90104 022 \*\*\*150.00  
P04000128602

FILED

05 DEC -7 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |  |   |
|---|---|--|---|
| DOCUMENT # P04000128602   |   |   |   |
| 1. Entity Name<br>PREMIER FINANCIAL NETWORK, INC.   |   |  |   |
| Principal Place of Business<br>3915 BIACAYNE BOULEVARD<br>MIAMI, FL 33137   |   | Mailing Address<br>3915 BIACAYNE BOULEVARD<br>MIAMI, FL 33137  |   |
| 2. Principal Place of Business<br>3155 N W 77th Ave<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>3155 N W 77th Ave<br>Suite, Apt. #, etc.   |   |
| City & State<br>Miami FL  |   | City & State<br>Miami FL   |   |
| Zip<br>33122-3700   | Country   | Zip<br>33122-3700  | Country   |
| 4. FEI Number<br>201650847  |   | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | S8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br>MURAI WALD BIONDO MORENO & BROCHIN, P.A.<br>900 INGRAHAM BUILDING<br>25 SOUTHEAST 2ND AVENUE<br>MIAMI, FL 33131  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 re-registering) DATE _____  |   |  |   |
| FILE NOW!!! FEE IS \$550.00<br>Due by September 7, 2005   |   | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | Roberto Espin Jr <input type="checkbox"/> Delete<br>3155 N W 77 Ave<br>Miami, Florida 33122 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | President <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <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  | <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  | <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  | <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  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 118.07(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 another like empowered. |   |  |   |
| SIGNATURE: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | 7/19/05<br>Date  |   |

**PREMIER FINANCIAL NETWORK, INC.**

**3155 N.W 77<sup>th</sup> Ave  
Miami, FL 33122-3700**

November 15<sup>th</sup>, 2005

Mr. Sean Toner  
Senior Section Administrator  
Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

REF: DOC. NO. P04000128602

Subject: Annual Report

Dear Mr. Toner:

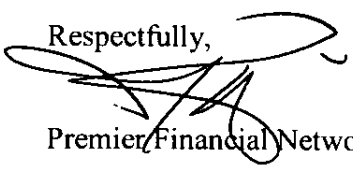
I am sending this letter to inform about the situation we are going through with the dissolution of our corporation.

- a) During the month of April of the current year, we called the Division of Corporations asking about the annual report forms. At that time the clerk mentioned that he would send a form for the mentioned report to be filed.
- b) During the month of July we called again and the clerk instructed to download the form from the Internet. We did that and on July 19<sup>th</sup> we sent the form with a check of \$150.00 to cover for the fee.
- c) At the end of July we received a note explaining that your department received the check but was returning the form requesting to fill the Federal ID number in block 4.
- d) We sent the form back to your department with the Federal ID number on August 3, 2005. When we called your department a few days ago the clerk says that they never received the form with the ID number.
- e) In checking the bank records we noticed that the bank paid the check on July 29 a few days after we sent the first report with the check.
- f) We are attaching again copy of the original form with the Federal ID number as well as copy of the mentioned check paid by our bank on July 29<sup>th</sup>, 2005, and a copy of your letter dated October 24 as requested.

We have three corporations and all the forms were sent in the same manila envelope with a check for each corporation. We are having the same problem with all the corporations and all are still inactive.

Thank you for your cooperation on this matter and hope everything is solved accordingly.

Respectfully,

  
Premier Financial Network, Inc.

Phone: (305) 716-6302 Fax: (305) 716-6322