

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90065 029 \*\*\*150.00

**DOCUMENT # P04000128621**

1. Entity Name  
**PREMIUM GROUP CONSTRUCTION, INC.**



Principal Place of Business

**3705 54TH. DRIVE WEST  
UNIT # 101  
BRADENTON, FL 34210 US**

Mailing Address

**3705 54TH. DRIVE WEST  
UNIT # 101  
BRADENTON, FL 34210 US**



04082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1618417**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RAMIREZ, MERCEDES  
3705 54TH. DRIVE WEST  
UNIT # 101  
BRADENTON, FL 34210**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: RAMIREZ, MERCEDES  
STREET ADDRESS: 3705 54TH. DRIVE WEST UNIT # 101  
CITY-ST-ZIP: BRADENTON, FL 34210

TITLE: VP  
NAME: RAMIREZ, LUIS E SR.  
STREET ADDRESS: 3705 54TH. DRIVE WEST UNIT # 101  
CITY-ST-ZIP: BRADENTON, FL 34210

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MERCEDES RAMIREZ**

**04/09/2008**  
Date

**941 565 4375**  
Daytime Phone #