

FILED
Apr 03, 2006 8:00 am
Secretary of State

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02-17-2006 90086 036 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000095534		
1. Entity Name PREMIUM SERVICE FINANCIAL, INC.		
Principal Place of Business 4340 SHERIDAN ST STE 102 HOLLYWOOD, FL 33021		Mailing Address 4340 SHERIDAN ST STE 102 HOLLYWOOD, FL 33021
2. Principal Place of Business 13155 SW 42 St Suite, Apt. #, etc. #200 City & State Miami FL Zip 33175	3. Mailing Address 13155 SW 42 St Suite, Apt. #, etc. #200 City & State Miami FL Zip 33175	4. FEI Number 20-3529177
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable
6. Name and Address of Current Registered Agent KLEIN, RONALD G 4340 SHERIDAN ST STE 102 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	D KLEIN, RONALD G 4340 SHERIDAN ST STE 102 HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROMAN, EDUARDO S 13155 SW 42ND ST STE 200 MIAMI, FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ 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 officers empowered.		
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date _____ Daytime Phone # _____		

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