

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000117927

Entity Name: PREMIUM REMEDY, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

10745 NORTHWEST 83RD COURT
PARKLAND, FL 33076

New Principal Place of Business:

Current Mailing Address:

10745 NORTHWEST 83RD COURT
PARKLAND, FL 33076

New Mailing Address:

FEI Number: 26-0441348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANI, MARGARETA
10745 NW 83 COURT
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADVANI, MARGARETA
Address: 10745 NORTHWEST 83RD COURT
City-St-Zip: PARKLAND, FL 33076

Title: VP () Delete
Name: ADVANI, AMIT
Address: 10745 NW 83 COURT
City-St-Zip: PARKLAND, FL 33076 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARETA ADVANI

P

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date