

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000049601

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** PREMIER INSURANCE & FINANCIAL SERVICES INC.

**Current Principal Place of Business:**

11447 SAGE MEADOW TERRACE  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

11447 SAGE MEADOW TERRACE  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:** 45-2407416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLIEN, MICHEL F  
11447 SAGE MEADOW TERRACE  
ROYAL PALM BEACH, FL 33411 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MILLIEN, MICHEL F  
Address: 11447 SAGE MEADOW TERRACE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP  
Name: MILLIEN, GEORGETTE L  
Address: 11447 SAGE MEADOW TERRACE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby 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 all other like empowered.

SIGNATURE: MICHEL FECHYL MILLIEN

P

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date