

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000056450
 1. Entity Name
 ABCO PREMIUM FINANCE, INC.



Principal Place of Business 350 SEVILLA AVE ABCO BUILDING CORAL GABLES, FL 33134	Mailing Address 350 SEVILLA AVE ABCO BUILDING CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



05052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0430338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FORTUN, HECTOR D
 365 PALERMO AVE.
 CORAL GABLES, FL 33134

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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 reinstating)
 Signature, typed or printed name of registered agent and title if applicable _____ DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

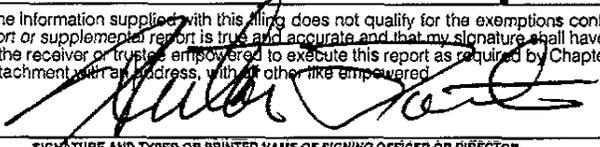
in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS FORTUN, HECTOR D 365 PALERMO AVE. CORAL GABLES, FL
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 05/20/06-80078-008 150.00

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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 another like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____