

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-03-2006 90094 040 ***150.00

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1. Entity Name
DISTINCT ADVANTAGE PREMIUM FINANCE, INC.



Principal Place of Business
12550 BISCAYNE BLVD., # 207
MIAMI, FL 33181

Mailing Address

40022875

2. Principal Place of Business

3. Mailing Address
PO BOX 611025

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282006

Chg-P

CR2E034 (11/05)

City & State

City & State
MIAMI, FL.

4. FEI Number

65-0771205

Applied For

Not Applicable

Zip

Country

Zip

33261

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDMAN, GLORIA S
7610 SW 133 ST
MIAMI, FL 33156

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

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, 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 VT ☐ Delete
NAME FRIEDMAN, GLORIA S
STREET ADDRESS 7610 SW 133 ST
CITY-ST-ZIP MIAMI, FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PS ☐ Delete
NAME FRIEDMAN, CAROLYNN S
STREET ADDRESS 12550 BISCAYNE BLVD #207
CITY-ST-ZIP MIAMI, FL 33181

TITLE PS ☒ Change ☐ Addition
NAME FRIEDMAN, KAYLA S.
STREET ADDRESS 12550 BISCAYNE BLVD. #207
CITY-ST-ZIP MIAMI, FL 33181

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kayla S. Friedman

KAYLA S. FRIEDMAN, PRES.

2/28/06

305-892-0575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #