

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90047 036 \*\*\*150.00

DOCUMENT # P97000090604

1. Entity Name  
PREMIUM INVESTORS, INC.



Principal Place of Business  
1926 TENTH AVE. NORTH  
STE 400  
LAKE WORTH, FL 33461 US

Mailing Address  
1926 TENTH AVE. NORTH  
STE 400  
LAKE WORTH, FL 33461 US

50005866



01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
625 N. FLAGLER DRIVE  
Suite, Apt. #, etc.  
SUITE 625  
City & State  
WEST PALM BEACH, FL  
Zip  
33401 Country  
US

3. Mailing Address  
625 N. FLAGLER DRIVE  
Suite, Apt. #, etc.  
SUITE 625  
City & State  
WEST PALM BEACH, FL  
Zip  
33401 Country  
US

4. FEI Number  
65-0795146  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BERNSTEIN, MICHAEL  
1926 TENTH AVE. NORTH,  
STE 400  
LAKE WORTH, FL 33461

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
625 N. FLAGLER DRIVE  
SUITE 625  
City  
WEST PALM BEACH FL Zip Code  
33401

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 Michael Bernstein MICHAEL BERNSTEIN 1/18/05  
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STEVENSON, DONALD	
STREET ADDRESS	1926 10TH AVENUE NORTH SUITE 400	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	T	<input type="checkbox"/> Delete
NAME	SESCO, CAROLYN S	
STREET ADDRESS	1926 TENTH AVENUE NORTH, STE 400	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SHAPIRO, STEPHEN J	
STREET ADDRESS	1926 TENTH AVE NORTH 4TH FLOOR	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BERNSTEIN, MICHAEL	
STREET ADDRESS	1926 TENTH AVE. NORTH 4TH FLOOR	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HUNTER, MARGARET	
STREET ADDRESS	1926 10TH AVENUE NORTH SUITE 400	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PARRA, OLGA E	
STREET ADDRESS	1926 TENTH AVENUE NORTH, SUITE 400	
CITY-ST-ZIP	LAKE WORTH, FL 33461	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESCO, CAROLYN S.	
STREET ADDRESS	625 N. FLAGLER DRIVE, SUITE 625	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D/EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, STEPHEN J.	
STREET ADDRESS	625 N. FLAGLER DRIVE, SUITE 625	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, MICHAEL	
STREET ADDRESS	625 N. FLAGLER DRIVE, SUITE 625	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, MARGARET	
STREET ADDRESS	625 N. FLAGLER DRIVE, SUITE 625	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael Bernstein MICHAEL BERNSTEIN 1/18/05 (SU) 352-2280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #