


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90029 021 ***150.00

DOCUMENT # P98000022005		
1. Entity Name AMERICAN PREMIUM CORP.		

Principal Place of Business 1024 E. SAMPLE ROAD POMPANO BEACH, FL 33064	Mailing Address 1024 E. SAMPLE ROAD POMPANO BEACH, FL 33064
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2. Principal Place of Business 21846 PALM GRASS DR.	3. Mailing Address 21846 PALM GRASS DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02132004 Chg-P CR2E034 (10/03)

City & State BOCA RATON FLORIDA	City & State BOCA RATON FLORIDA
Zip 33428	Zip 33428
Country BROWARD	Country BROWARD

4. FEI Number 65-0850792	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NAJERA, LUIS E
3973 COCOPLUM CIRCLE
COCONUT CREEK, FL 33063

7. Name and Address of New Registered Agent

Name **LUIS E NAJERA**

Street Address (P.O. Box Number is Not Acceptable)
21846 PALM GRASS DR.

City **BOCA RATON** FL Zip Code **33428**

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  DATE **2/23/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAJERA, LUIS E 3973 COCOPLUM CIRCLE COCONUT CREEK, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUIS E NAJERA 21846 PALM GRASS DR BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **2/23/04** 5614875387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR