


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90166 050 \*\*\*150.00

<b>DOCUMENT # P99000088785</b>	
1. Entity Name <b>PREMIER FINANCIAL SERVICES USA, INC.</b>	

40049447



Principal Place of Business <b>2801 PONCE DE LEON BOULEVARD SUITE 1000 CORAL GABLES, FL 33134</b>	Mailing Address <b>C/O IVAN R LLORENTE 2801 PONCE DE LEON BLVD SUITE 1000 CORAL GABLES, FL 33134</b>
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2. Principal Place of Business - No P.O. Box # <b>95 MERRICK WAY Suite, Apt. #, etc. suite 250</b>	3. Mailing Address <b>95 MERRICK WAY Suite, Apt. #, etc. suite 250</b>
City & State <b>CORAL GABLES, FL</b>	City & State <b>CORAL GABLES, FL</b>
Zip <b>33134</b>	Country

03122007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>LLORENTE, IVAN R 2801 PONCE DE LEON BOULEVARD SUITE 1000 CORAL GABLES, FL 33134</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>95 MERRICK WAY, suite 250</b>	
City <b>CORAL GABLES, FL</b>	Zip Code <b>33134</b>

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>DPS LLORENTE, IVAN R 2801 PONCE DE LEON BLVD #1000 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>95 MERRICK WAY, suite 250 CORAL GABLES, FL 33134</b> <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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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 *Ivan R. Llorente* **IVAN R. LLORENTE** 3/12/07 305-445-0777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #