

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90021 002 \*\*\*158.75

34032143



04122004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # S95951</b> 1. Entity Name <b>M &amp; F PREMIUM FINANCE COMPANY</b>					
Principal Place of Business <b>6101 BLUE LAGOON DRIVE</b> <b>200</b> <b>MIAMI, FL 33126</b>			Mailing Address <b>6101 BLUE LAGOON DRIVE</b> <b>200</b> <b>MIAMI, FL 33126</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0311832</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TAMAYO, JAIME</b> <b>6101 BLUE LAGOON DRIVE</b> <b>SUITE #200</b> <b>MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>FERNANDEZ-SILVA, JORGE</b> <b>8041 SW 54 CT</b> <b>MIAMI, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERNANDEZ-SILVA, JORGE</b> <b>8041 SW 54 CT</b> <b>MIAMI, FL</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEV</b> <b>NAVARRO, JORGE J</b> <b>6101 BLUE LAGOON DR. #200</b> <b>MIAMI, FL 33126</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TERRASA, JUAN A</b> <b>JARDINES DE VEDRUNA 9</b> <b>SANTA MARIA, SAN JUAN, PR 00928</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>HUERTAS, ANTONIO</b> <b>CONDO. CONDADO PRINCESS #301</b> <b>SAN JUAN, PR 00907</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PAGAN, JOSE V</b> <b>EDF. MAPFRE AVE. CHARDON #7</b> <b>SAN JUAN, PR 00918</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE ZARRAGA, GASTON</b> <b>8202 LOS PINOS CIRCLE</b> <b>CORAL GABLES, FL 333143</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEV</b> <b>TAMAYO, JAIME</b> <b>310 REDWOOD LANE</b> <b>KEY BISCAYNE, FL 33149</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEV</b> <b>TAMAYO, JAIME</b> <b>6101 BLUE LAGOON DR, #200</b> <b>MIAMI, FL 33126</b>
		<input checked="" 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 or without other like empowered.					
<b>SIGNATURE:</b> _____ <span style="float: right;">4/12/04 305-5072126</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					