


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90180 035 ***158.75

DOCUMENT # S95951 1. Entity Name M & F PREMIUM FINANCE COMPANY					
Principal Place of Business 5959 BLUE LAGOON DR SUITE 400 MIAMI, FL 33126			Mailing Address 5959 BLUE LAGOON DR SUITE 400 MIAMI, FL 33126		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0311832	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TAMAYO, JAIME 5959 BLUE LAGOON DR SUITE 400 MIAMI, FL 33126				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ-SILVA, JORGE		NAME		
STREET ADDRESS	8041 SW 54 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FANFIS, DENNIS M		NAME		
STREET ADDRESS	5959 BLUE LAGOON DR #400		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUERTAS, ANTONIO		NAME		
STREET ADDRESS	CONDO. CONDAD PRINCESS #301		STREET ADDRESS		
CITY-ST-ZIP	SAN JUAN, PR 00907		CITY-ST-ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PAGAN, JOSE V		NAME	FENTON, MARIA DEL CARMEN	
STREET ADDRESS	EDF. MAPFRE AVE. CHARDON #7		STREET ADDRESS	5959 BLUE LAGOON DR, SUITE 400	
CITY-ST-ZIP	SAN JUAN, PR 00918		CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE ZARRAGA, GASTON		NAME		
STREET ADDRESS	8202 LOS PINOS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 333143		CITY-ST-ZIP		
TITLE	PCEO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAMAYO, JAIME		NAME		
STREET ADDRESS	5959 BLUE LAGOON DR #400		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					