

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V54658

1. Entity Name
N.I.C. PREMIUM FINANCE COMPANY



Principal Place of Business
10691 N KENDALL DRIVE
SUITE 304
MIAMI, FL 33176

Mailing Address
10691 N KENDALL DRIVE
SUITE 304
MIAMI, FL 33176

FILED
Apr 08, 2004 08:00 AM
Secretary of State



04022004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0343857

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUZMAN, HILDA F
101 ALMERIA AVE
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	BENITEZ RIVERA, CARLOS M
STREET ADDRESS	10691 N KENDALL DRIVE SUITE 304
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	BENITEZ RIVERA, CARLOS M
STREET ADDRESS	10691 N KENDALL DRIVE SUITE 304
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/04-80043-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/04

Carlos M. Benitez Rivera

305
598-5761