


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # V54658**

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



Principal Place of Business  
**101 AMERIA AVE  
 CORAL GABLES, FL 33134**

Mailing Address  
**P.O. BOX 145450  
 CORAL GABLES, FL 33114-5450**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

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 *Hilda F. Guzman* DATE 3/19/08

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, 2007 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	101 AMERIA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	BENITEZ RIVERA, CARLOS M
STREET ADDRESS	101 ALMERIA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000973525  
 04/10/08-80082-003 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Carlos M. Benitez Rivera* DATE 3/24/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #