

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V54658

FILED
Mar 04, 2009
Secretary of State

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

Current Principal Place of Business:

101 AMERIA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 145450
CORAL GABLES, FL 331145450

New Mailing Address:

FEI Number: 65-0343857 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: BENITEZ RIVERA, CARLOS M
Address: 101 AMERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: BENITEZ RIVERA, CARLOS M
Address: 101 ALMERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS M BENITEZ RIVERA

PVST

03/04/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date