

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004851

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: PRAMS, INC.

**Current Principal Place of Business:**

CAP BLDG. #1-150 SECTOR CENTRAL  
CAROLINA, PR 00979

**New Principal Place of Business:**

**Current Mailing Address:**

300 OCEANGATE, SUITE 920  
LONG BEACH, CA 90802

**New Mailing Address:**

300 OCEANGATE, SUITE 910  
LONG BEACH, CA 90802

FEI Number: 66-0652886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAMMOND, CRAIG  
7823 NW 15 ST.  
MIAMI, FL 33126 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: PC ( ) Delete  
Name: MACHADO, PEPE  
Address: CAP BLDG. #1-150 SECTOR CENTRAL  
City-St-Zip: CAROLINA, PR 00979

Title: VC ( ) Delete  
Name: ZUCCATO, MICHAEL  
Address: 300 OCEANGATE, SUITE 920  
City-St-Zip: LONG BCH, CA 90802

Title: D ( ) Delete  
Name: PEREZ, ANTHONY  
Address: 300 OCEANGATE, SUITE 920  
City-St-Zip: LONG BCH, CA 90802

Title: DS ( ) Delete  
Name: CACHO, ROBERTO  
Address: 818 PONCE DE LEON AVE., 2ND FLOOR  
City-St-Zip: SAN JUAN, PR 00907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: MACHADO, PEPE  
Address: CAP BLDG. #1-150 SECTOR CENTRAL  
City-St-Zip: CAROLINA, PR 00979

Title: VP (X) Change ( ) Addition  
Name: ZUCCATO, MICHAEL  
Address: 300 OCEANGATE, SUITE 910  
City-St-Zip: LONG BCH, CA 90802

Title: VP (X) Change ( ) Addition  
Name: PEREZ, ANTHONY  
Address: 300 OCEANGATE, SUITE 910  
City-St-Zip: LONG BCH, CA 90802

Title: VP (X) Change ( ) Addition  
Name: CACHO, ROBERTO  
Address: 818 PONCE DE LEON AVE., 2ND FLOOR  
City-St-Zip: SAN JUAN, PR 00907

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: CRAIG HAMMOND

Electronic Signature of Signing Officer or Director

CFO

01/16/2009

\_\_\_\_\_ Date