


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F94000004954 1. Entity Name PRICESMART, INC.	
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Principal Place of Business 9740 SCRANTON RD. SUITE 125 SAN DIEGO, CA 92121 US	Mailing Address 9740 SCRANTON RD. SUITE 125 SAN DIEGO, CA 92121 US
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**DO NOT WRITE IN THIS SPACE**



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number 33-0628530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PRICE, ROBERT 9740 SCRANTON RD. SAN DIEGO, CA 92121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALINSON, MURRAY L 9740 SCRANTON RD. SAN DIEGO, CA 92121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSLEY, KATHERINE L 9740 SCRANTON RD. SAN DIEGO, CA 92121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANKS, LEON C 9740 SCRANTON RD. SAN DIEGO, CA 92121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUSE, LAWRENCE B 9740 SCRANTON RD. SAN DIEGO, CA 92121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRORY, JACK 9740 SCRANTON RD. SAN DIEGO, CA 92121

U00000850209  
03/21/08-80054-014 150.00

**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:**  Robert M. Gans 2/28/2008 858-404-8825 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #