


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-28-2004 90011 048 ***150.00

DOCUMENT # P02000090399			
1. Entity Name PRIME SOURCE REALTY INC.			
Principal Place of Business 4741 N. MIAMI AVE STE 211 MIAMI, FL 33127		Mailing Address 780 NE 69 ST. #1207 MIAMI, FL 33138	
2. Principal Place of Business 4141 NE 2nd Ave, Suite, Apt. #, etc. ste 105D City & State Miami, Florida Zip 33127 Country Dade		3. Mailing Address 4141 NE 2nd Ave Suite, Apt. #, etc. ste 105D City & State Miami, Florida Zip 33127 Country Dade	
6. Name and Address of Current Registered Agent WINKELMAN, CHARLES L 780 NE 69 ST #1207 MIAMI, FL 33138		7. Name and Address of New Registered Agent Name <u>Sandra Ducheine, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3858 Sheridan Street #</u> City <u>Hollywood</u> FL Zip Code <u>33021</u>	
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 <u>Sandra Ducheine</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>6/24/04</u>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> WINKELMAN, CHARLES L 780 NE 69 ST #1207 MIAMI, FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> RON LAURENT 15651 SW 141 CT Miami, FL 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <u>6/24/04</u> (305) 571-8213 Date Daytime Phone #	

54059053



06122004 Chg-P CR2E034 (10/03)

4. FEI Number 05-0527281 Applied For Not Applicable

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

Attachment
Doc. # 02000090399 574059053

PRIME SOURCE REALTY

4141 NE 2ND Ave. Ste 105E, Miami, FL 33127
PH (305-571-1934) Fax (305-571-1937)

June 23, 2004

To Whom It May Concern:

We, of Prime Source Realty have never recieved the Uniform Business Report for the year 2004. We were informed by the Division Of Corporation to print out the form, fill it out and write this letter to have our fees waived.

Thank You

Ron Laurent

