

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# P08000049902

Entity Name: PRIORITY WEB BOX, INC.

Current Principal Place of Business:

7331 NW 35 STREET
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

7331 NW 35 STREET
MIAMI, FL 33122

New Mailing Address:

FEI Number: 26-3453189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRIEDE, LILLIAM
7331 NW 35 ST
MIAMI, FL 33122 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: P () Delete
Name: PRIEDE, LILLIAM
Address: 7331 NW 35 ST
City-St-Zip: MIAMI, FL 33122

Title: TSD () Delete
Name: CANO, JOSE A
Address: 7331 NW 35 ST
City-St-Zip: MIAMI, FL 33122

Title: S () Delete
Name: CANO, ELENA
Address: 7331 NW 35 ST
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LILLIAM PRIEDE

P

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date