FILED
May 03, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000056579

1. Entity Name
PRIME BEARING, INC.

Principal Place of Business	Mailing Address
10390 LAKE VISTA CIRCLE BOCA RATON, FL 33498-5725	10390 LAKE VISTA CIRCLE BOCA RATON, FL 33498-5725

DO NOT WRITE IN THIS SPACE

01152005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-3475393
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRASNOVE, BARBARA J ESQ.
5701 NO PINE ISLAND ROAD STE 220
TAMARAC, FL 33321

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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 of new registered agent, if being changed (NOTE: Registered Agent signature required when amending)

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U08000059275
05/04/05-80148-020 150.00

10. NAME AND OFFICE ADDRESS OF OFFICERS AND DIRECTORS

TITLE	P
NAME	KANOF, GEORGE
STREET ADDRESS	10390 LAKE VISTA CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 334986725
TITLE	VP
NAME	KANOF, BEVERLY
STREET ADDRESS	10390 LAKE VISTA CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 334986725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Beverly Kanof, Vice President 4/26/05 561-477-9532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #