

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J63479

FILED
Mar 23, 2009
Secretary of State

Entity Name: PRIMOI, OF S.W. FLORIDA, INC.

Current Principal Place of Business:

% AYN KASEF CORPORATION
523 S. WASHINGTON BLVD.
SARASOTA, FL 342367104 US

New Principal Place of Business:

Current Mailing Address:

% AYN KASEF CORPORATION
523 S. WASHINGTON BLVD.
SARASOTA, FL 342367104

New Mailing Address:

FEI Number: 59-2790311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYN KASEF CORPORATION ATTN: SYSHERR
1100 BEN FRANKLIN DR #202
SARASOTA, FL 34236 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: COLUCCI, MAURIZIO,
Address: 614 OWL WY
City-St-Zip: SARASOTA, FL 34236

Title: V () Delete
Name: SHERR, LINDA
Address: 1100 BEN FRANKLIN DR #202
City-St-Zip: SARASOTA, FL 34236

Title: ST () Delete
Name: SHERR, SY,
Address: 1100 BEN FRANKLIN DR #202
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLUCCI, MAURIZIO,
Address: 1828 BAHIA VISTA STREET
City-St-Zip: SARASOTA, FL 34239

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: MAURIZIO COLUCCI

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date