

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90022 006 ***150.00

DOCUMENT # 632317

1. Entity Name
PRIME AIRPORT SERVICES, INC.



Principal Place of Business

**6450 N.W. 22 STREET
BLDG #710
MIAMI, FL 33122 US**

Mailing Address

**PO BOX 523342
MIAMI, FL 33152 US**

44009429



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1934486

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERRAZURIZ, JUAN A
6450 N.W. 22 STREET
BLDG #710
MIAMI, FL 33122**

Name

IVO SKORIN

Street Address (P.O. Box Number is Not Acceptable)

6450 N.W. 22 Street

City

MIAMI

FL

Zip Code

33122

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **VIAL, EDUARDO**
CITY-ST-ZIP **6450 N.W. 22 STREET BLDG 710
MIAMI, FL 33122**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **ERRAZURIZ, JUAN A**
CITY-ST-ZIP **6450 N.W. 22 STREET BLDG #710
MIAMI, FL 33122**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **IVO SKORIN**
CITY-ST-ZIP **6450 N.W. 22 Street #710
MIAMI, FLORIDA 33122**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Eduardo Vial

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04

Date

786-265-6001

Daytime Phone #