

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000005001

1. Entity Name
PRIMUS CAPITAL MANAGEMENT, LTD., INC.



Principal Place of Business
**6538 COLLINS AVE #204
MIAMI BEACH, FL 33141-4694 US**

Mailing Address
**6538 COLLINS AVE #204
MIAMI BEACH, FL 33141-4694 US**



02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3732288

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REIS, CESAR
7928 WEST DR PH01
N BAY VILLAGE, FL 33141**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**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**

**U000000054592
02/17/04-80002-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
REIS, CESAR M
7928 WEST DR., #PH01
N. BAY VILLAGE, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
REIS, CESAR M
7928 WEST DR., #PH01
N. BAY VILLAGE, FL 33141**

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CESAR REIS

02/12/04

(305) 672-7552

Date

Daytime Phone #