## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 25, 2007 8:00 am Secretary of State DOCUMENT # G08919 04-25-2007 90193 026 \*\*\*158.75 PRIME CONSTRUCTION INDUSTRIES, INC. Principal Place of Business Mailing Address 40081251 P.O. BOX 8289 DELRAY BEACH, FL 33182 **7652 SANTEE TERR** LAKE WORTH, FL 33467 3. Mailing Address 7652 SANTEETERR 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 04232007 CR2E034 (12/06) City & State CHARCE WORTH, FL. 4. FEI Number Applied For 59-2249406 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANSAROFF, RADKO Street Address (P.O. Box Number is Not Acceptable) 7652 SANTEE TERR LAKE WORTH, FL 33467 Zip Code 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME ANSAROFF, RADKO NAME STREET ADDRESS 7652 SANTEE TERR STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ANSAROFF, BARBARA J NAME STREET ADDRESS 7652 SANTEE TERR STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP VΡ Delete TITLE TITLE Change ☐ Addition ANSAROFF, MICHAEL NAME NAME STREET ADDRESS 17394 86TH STREET NORTH STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE, FL 33470 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

to Ansenott

SIGNATURE

**FILED**