

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # G36907

1. Entity Name  
PRIME ENTERPRISES, INC.



Principal Place of Business  
16363 NW 49 AVE  
MIAMI LAKES, FL 33014

Mailing Address  
16363 NW 49 AVE  
MIAMI LAKES, FL 33014



01242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2289106

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BARAKAT, M  
16363 NW 49TH AVE  
MIAMI, FL 33014

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	BARAKAT, MAGED
STREET ADDRESS	16363 NW 49 AVE
CITY- ST- ZIP	MIAMI LAKES, FL
TITLE	PD
NAME	BARAKAT, MOHAMED
STREET ADDRESS	16363 NW 49 AVE
CITY- ST- ZIP	MIAMI LAKES, FL
TITLE	DVS
NAME	LINARES, FRANCISCO
STREET ADDRESS	16363 NW 49 AVE
CITY- ST- ZIP	MIAMI LAKES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

UD0000524845

05/04/06-80006-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: ✓

*Maged Barakat*

Maged Barakat

✓ 4/19/06

305 625 4929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #