2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

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Entity Name: PF PRIME FINANCIAL SERVICES, LLC

Current Principal Place of Business:

1101 BRICKELL AVENUE
SOUTH TOWER, SUITE 400
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1101 BRICKELL AVENUE
SOUTH TOWER, SUITE 400
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURAI WALD BIONDO MORENO & BROCHIN, P.A.
TWO ALHAMBRA PLAZA
PENTHOUSE 1B
CORAL GABLES, FL 33134 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ORTEGA, JUAN S
Address: 1101 BRICKELL AVE., SOUTH TOWER, SUITE 400
City-St-Zip: MIAMI, FL 33131 US

Title: MGR ( ) Delete
Name: ORTEGA, JOSE V
Address: 1101 BRICKELL AVE., SOUTH TOWER, SUITE 400
City-St-Zip: MIAMI, FL 33131 US

Title: MGR ( ) Delete
Name: ORTEGA, JORGE
Address: 1101 BRICKELL AVE., SOUTH TOWER, SUITE 400
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JUAN ORTEGA MGR 04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date