## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT DOCUMENT # L60840** 1. Entity Name

**FILED** Mar 06, 2006 08:00 AM **Secretary of State** 

PRIMA PUBLISHING CORP.

Principal Place of Business 2105 NW 102 AVE. MIAMI, FL 33172

Mailing Address

2105 NW 102 AVE. MIAMI, FL 33172



02282006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0194208

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BRUNJES, ROBERT F 2105 NW 102 AVE. MIAMI, FL 33172

## DO NOT WRITE

			IN THIS SPACE			
	named entity submits this statement for the poons of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am lamiliar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title t	t epplicable. (NOTE: Registered	Agent signatur	s required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
Title Name Stricet address City-St-Lip	V BRUNJES, ROBERT F 10751 SW 27TH ST DAVIE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOHORQUES, JOSE A 9385 SW 21ST ST MIAMI, FL				นสินิธิการระห์48 ช3/16/56 50021-011 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GELFAND, ARTHUR ONE EXECUTIVE DR #151 SOMERSET, NJ 08873 M ROMERO, ORLANDO 2105 NW 102 AVE MIAMI, FL 33172			DO NOT WRITE		
DITE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby 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 it am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 507, 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 OF FRINTED HAME OF SIGNING OF

T. 5902 -59

Daytime Phone #