2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N06000002090

Entity Name: THE AMERICAN PRIME FOUNDATION, INC.

Current Principal Place of Business:

10631 NORTH KENDALL DRIVE
SUITE 200
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10631 NORTH KENDALL DRIVE
SUITE 200
MIAMI, FL 33176

New Mailing Address:

FEI Number: 83-0451010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALIANA, MARGARITA
10631 NORTH KENDALL DRIVE
SUITE 200
MIAMI, FL 33176 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GALIANA, MARGARITA
Address: 10631 NORTH KENDALL DRIVE, SUITE 200
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: FERRER, JACQUELINE
Address: 10631 NORTH KENDALL DRIVE, SUITE 200
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: LICEA, FRANK
Address: 10631 NORTH KENDALL DRIVE, SUITE 200
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: FERRER, ENRIQUE
Address: 10631 NORTH KENDALL DRIVE, SUITE 200
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARITA GALIANA D 03/20/2009

Electronic Signature of Signing Officer or Director — Date