## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P00000053493

Entity Name: PRIME ASSOCIATES, INC.

FILED Oct 26, 2004 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

7350 NW 7TH STREET 23261 WATER CIRCLE SUITE 113 BOCA RATON, FL 33486 MIAMI, FL 33126

**New Mailing Address: Current Mailing Address:** 

23261 WATER CIRCLE BOCA RATON, FL 33486

FEI Number: 52-2243545 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CASTRO, SANDRA P CASTRO, SANDRA P 23261 WATER CIRCLE 23261 WATER CIRCLE US **SUITE 1100** BOCA RATON, FL 33486 BOCA RATON, FL 33486 US

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: SANDRA P. CASTRO 10/26/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Title: () Delete (X) Change ( ) Addition ORTIZ, MARIA ENID ORTIZ, MARIA ENID Name: Name: 1101 BRICKELL AVENUE 23261 WATER CIRCLE Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: BOCA RATON, FL 33486

Title: Title: (X) Change ( ) Addition () Delete Name:

CASTRO, SANDRA Name: CASTRO, SANDRA 1101 BRICKELL AVENUE Address: 23261 WATER CIRCLE Address: MIAMI, FL 33131 BOCA RATON, FL 33486 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA P. CASTRO D 10/26/2004