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May 04, 2004 8:00 am
Secretary of State
05-04-2004 90119 001 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000058222

1. Entity Name
PRIMO PF, INC.

14019800

Principal Place of Business
200 SOUTHEAST 1ST STREET
MIAMI, FL 33131

Mailing Address
200 SOUTHEAST 1ST STREET
MIAMI, FL 33131

2. Principal Place of Business: 1205 LINCOLN RD.
Suite, Apt #, etc.: SUITE 217
City & State: MIAMI BEACH - FLORIDA
Zip: 33139 Country: USA

3. Mailing Address: 1205 LINCOLN RD.
Suite, Apt. #, etc.: SUITE 217
City & State: MIAMI BEACH - FLORIDA
Zip: 33139 Country: USA

04302004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-1027952 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUIDE, ALEJANDRO E
10295 COLLINS AVE APT #1211
BAL HARBOR, FL 33154-1445

7. Name and Address of New Registered Agent

Name: GUIDI, ALEJANDRO E.
Street Address (P.O. Box Number is Not Acceptable): 1120 99th ST. APT. 305
Bay Harbor Is.
City: MIAMI BEACH FL Zip Code: 33154

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 ____________ 04/30/2004
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GUIDI, ALEJANDRO E	NAME	
STREET ADDRESS	10295 COLLINS AVE APT #1211	STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOR, FL 331541445	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: ____________ 04/30/2004 (305)531-6695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #