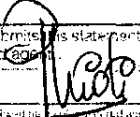


FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90119 001 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000058222			
1. Entity Name PRIMO PF, INC.			
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	
4. FFI 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 GUIDE, 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:  DATE: 04/30/2004	
9. Filing Fee FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Election Campaign Financing Fee \$5.00 May Be Added to Fees Election Campaign Financing Fee \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419(3)(b), 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. 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 affidavit, without other like empowered.			
SIGNATURE: 		DATE: 04/30/2004 (305) 531-6695	

14019800



04302004 Chg-P CR2E034 (10/03)