


AMENDED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
03 SEP -3 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000058222	
1. Entity Name Primo PF, Inc.	

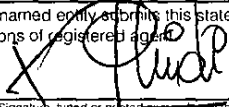
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 200 Southeast 1st Street Suite, Apt. #, etc.	3. Mailing Address 200 Southeast 1st Street Suite, Apt. #, etc.
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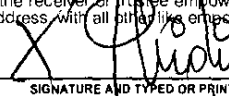
City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 65-1027952	Applied For Not Applicable
Zip 33131	Country	Zip 33131	Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Alejandro E. Guide	
	Street Address (P.O. Box Number is Not Acceptable) 10295 Collins Ave. Apt#1211	
	City Bal Harbor,	FL Zip Code 33154-1445

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 	President	07/31/03
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Alejandro E. Guidi 10295 Collins Ave. Apt#1211 Bal Harbor, FL 33154-1445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100022982034 09/10/03--01066--002 **\$61.25
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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 on an attachment with an address with all other like empowered.	
SIGNATURE: 	7/31/03 786-277-5375
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

CR2E034B (12/02)