


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000063746</b> 1. Entity Name <b>PRIME MERIDIAN MORTGAGE GROUP, INC.</b>	
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Principal Place of Business <b>4995 NW 72ND AVENUE #205B MIAMI, FL 33166 US</b>	Mailing Address <b>10280 NW 9TH ST CIR #106 MIAMI, FL 33172 US</b>
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**DO NOT WRITE IN THIS SPACE**



04022005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1023764</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PIRELA, LARRY A 10280 NW 9TH ST CIR SUITE 106 MIAMI, FL 33172</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPT PIRELA, LARRY 10280 NORTHWEST 9TH STREET CIRCLE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPS PIRELA, BETTY 10280 N W 9TH ST CIR # 106 MIAMI, FL 33172
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04/04/05-80052-018 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	04/02/2005 <small>Date</small>	<small>Daytime Phone #</small>
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