



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000084416	
1. Entity Name PRIMETEK, INC.	

Principal Place of Business 9045 LA FONTANA BLVD SUITE 232 BOCA RATON, FL 33434	Mailing Address 9045 LA FONTANA BLVD SUITE 232 BOCA RATON, FL 33434
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DO NOT WRITE IN THIS SPACE

	
01042008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 65-1037542	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22ND ST. 4TH FLOOR MIAMI, FL 33145	

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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: _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SANZ, FRANCES 10405 BUENA VENTURA DR BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SANZ, JOSE 10405 BUENA VENTURA DR BOCA RATON, FL 33498
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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01/07/08-80023-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	JOSE SANZ	1/4/2008 (561) 470-8944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #