

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90040 043 ***150.00

DOCUMENT # P01000003034 1. Entity Name PRIMERA 1418, INC.																											
Principal Place of Business 1040 N.W. 159TH DRIVE MIAMI, FL 33169		Mailing Address 1040 N.W. 159TH DRIVE MIAMI, FL 33169																									
2. Principal Place of Business - No P.O. Box # 16425 Collins Avenue Suite, Apt. #, etc. Suite 1418 City & State Sunny Isles Beach, FL Zip 33160		3. Mailing Address 121 E 61 St. Suite, Apt. #, etc. Third Floor City & State New York, NY Zip 10021																									
Country USA		Country USA																									
4. FEI Number 65-1073615		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ASSERAF, JOEL 1040 N.W. 159TH DRIVE MIAMI, FL 33169		7. Name and Address of New Registered Agent Name Asseraf Joel Street Address (P.O. Box Number is Not Acceptable) 16425 Collins Ave. Suite 1418 Sunny Isles Beach FL Zip Code 33160																									
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: _____ Signatures, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signatures required when reinstating)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>ASSERAF, JOEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1040 N.W. 159TH DRIVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI, FL 33169</td> <td></td> </tr> </table>		TITLE	D	☐ Delete	NAME	ASSERAF, JOEL		STREET ADDRESS	1040 N.W. 159TH DRIVE		CITY- ST- ZIP	MIAMI, FL 33169		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">DP</td> <td style="width: 10%; text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>Asseraf, Joel</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16425 Collins Ave, Ste 1418</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>Sunny Isles Beach, FL 33160</td> <td></td> </tr> </table>		TITLE	DP	☒ Change ☐ Addition	NAME	Asseraf, Joel		STREET ADDRESS	16425 Collins Ave, Ste 1418		CITY- ST- ZIP	Sunny Isles Beach, FL 33160	
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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 filers empowered.																											
SIGNATURE: _____ Signature and typed or printed name of signing officer or director		Date: 4/09/07 (305)2058620 Daytime Phone #																									