

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90170 040 ***150.00

DOCUMENT # P01000065909	
1. Entity Name PRIME REALTY & INVESTMENTS, INC.	



Principal Place of Business 1801 CLINT MOORE RD. SUITE #217 BOCA RATON, FL 33487	Mailing Address 1801 CLINT MOORE RD. SUITE #217 BOCA RATON, FL 33487
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60032785



2. Principal Place of Business - No P.O. Box # 5301 N. Federal Hwy Suite, Apt. #, etc. # 380	3. Mailing Address 5301 N. Federal Hwy Suite, Apt. #, etc. # 380
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02272008 Chg-P CR2E034 (12/06)

City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33487	Zip 33487
Country U.S.A	Country U.S.A

4. FEI Number 65-1144325	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALLACK, ESQ, MICHAEL M 1819 MAIN ST, STE 1100 SARASOTA, FL 34236	
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7. Name and Address of New Registered Agent Name Howard Bloom Street Address (P.O. Box Number is Not Acceptable) 5301 N. Federal Hwy # 380 City Boca Raton FL Zip Code 33487	
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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 <u>N. Bloom</u> DATE <u>3/1/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BLOOM, DIANE E 1801 CLINT MOORE RD #217 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Bloom, DIANE-E 5301 N. Federal Hwy, #380 Boca Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/08 (661) 674-0060
Date Daytime Phone #