


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000116695

1. Entity Name
PRIME AUTO PARTNERS, INC.



Principal Place of Business
**2008 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33409**

Mailing Address
**2008 OKEECHOBEE BLVD
SUITE 102
WEST PALM BEACH, FL 33409**

DO NOT WRITE IN THIS SPACE



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0553995

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**MERCURIO, THOMAS D
2008 OKEECHOBEE BLVD
SUITE 102
WEST PALM BEACH, FL 33409**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

1100000047833
03/29/04-80016-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCURIO, THOMAS D P.O. BOX 16127 WEST PALM BEACH, FL 33416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCURIO, PETER T P.O. BOX 16127 WEST PALM BEACH, FL 33416
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 life empowered.

SIGNATURE:  **THOMAS D. MERCURIO** **3-29-04 561 686 8613**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #