


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 FEB 10 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119850	
1. Entity Name	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 2036 N. E. 2ND TERR. <small>Suite, Apt. #, etc.</small>		3. Mailing Address SAME <small>Suite, Apt. #, etc.</small>	
City & State POMPANO BEACH FLORIDA		City & State SAME	
Zip 33060	Country BROWARD	Zip SAME	Country SAME

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3633313	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name JOSE BALLISTEROS JR.	
	Street Address (P.O. Box Number is Not Acceptable) 2036 N.E. 2ND TERR.	
	City POMPANO BEACH	FL Zip Code 33060


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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file it applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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	JOSE BALLESTEROS JR. 2036 N. E. 2ND TERR. ( PRESIDENT ) POMPANO BEACH, FLA. 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000011993657 02/07/03-01030-011 \$300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other the empowerment.

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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CR2E0345 (12/03)

2/13

**PRIMO'S CONSTRUCTION, INC.  
2036 N. E. 2ND TERR.  
POMPANO BEACH, FLORIDA 33060**

**January 14th, 2003**

**Division Of Corporations  
P O Box 6027  
Tallahassee, Florida 32314**

**RE: Document # P01000119850**

**To whom it may concern:**

**Enclosed please find the Annual Report for the year 2002 and 2003. Last year I did not receive the report I called January 13th 2003 and was told to send the \$300.00 to cover last years fee and this year's.**

**I would like to have my Corporation re-instated ASAP. I was told that I would be receiving a form to fill out however, I have not received this form as of yet.**

  
**Thank you,**