


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90499 004 ***150.00

DOCUMENT # P02000014166	
1. Entity Name PRIME TIME PLUS PROPERTIES, INC.	

Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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03082004 Chg-P CR2E034 (10/03)	4. FEI Number 02-0548569	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

TRANSGLOBAL CORPORATE ADMINISTRATION INC
 520 BRICKELL KEY DRIVE SUITE 0-305
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: *Transglobal Corp. Administrative LLC*
 Street Address (P.O. Box Number is Not Acceptable):
520 Brickell Key Dr. Ste 0-305
 City: *Miami* FL Zip Code: *33131*

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]* DATE: *4/7/04*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MUNS, ARMANDO	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	
CITY - ST - ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILLANUEVA, VERONICA	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	
CITY - ST - ZIP	MIAMI, FL 33131	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	GELLER, LANCE	
STREET ADDRESS	520 BRICKELL KEY DR. #305	
CITY - ST - ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 like empowered.

SIGNATURE: *Veronica V. Munos Villanueva* *Veronica Villanueva* *3/24/04* *(787) 792-6507*

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