

APR 26 2005 2:33PM

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90174 006 ***150.00

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



20046945



1. 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

2. Principal Place of Business
3. Mailing Address

4. City, Apt. #, etc.
Suite, Apt. #, etc.

5. City & State
City & State

6. Zip
Country
Zip
Country

03022005 Chg-P CR2E034 (10/03)

4. FEI Number
02-0548569
Applied For
Not Applicable

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

15. 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. ADM. LLC
Street Address (P.O. Box Number is Not Acceptable)
520 BRICKELL KEY DRIVE, SUITE 0-305
City **MIAMI** FL Zip Code **33131**

I, the undersigned, hereby submit 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: **4/18/05**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FULL NOW!!! FEE IS \$150.00
May 1, 2005 Fee will be \$350.00
a. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNS, ARMANDO	NAME	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33131	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLANUEVA, VERONICA	NAME	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33131	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information in 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 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 applicable, or in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/3/05** 787-792-6527
Signature and typed or printed name of signing officer or director. Date Daytime Phone #