

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 17 PM 3: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000029900		
1. Entity Name PRIMEAMERICA FINANCIAL GROUP, CO.		

Principal Place of Business 10300 SUNSET DR #140 MIAMI, FL 33173	Mailing Address 10300 SUNSET DR #140 MIAMI, FL 33173
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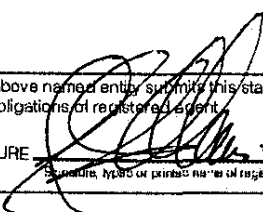
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



REINSTATEMENT (6/04)
FEE Number
41-2032791
Applied For
Not Applicable

8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OTERO, JORGE A 10300 SUNSET DR #1400 MIAMI, FL 33173		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

9. 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: _____

FILE NOW!!! FEE IS \$160.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OTERO, JORGE A 10300 SUNSET DR #140 MIAMI, FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400043301774 12/09/04--01034--007 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GALVES, ANTONIO 10300 SUNSET DR #140 MIAMI, FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 