

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # **P02000029900**



FILED
05 APR 29 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

PRIME AMERICA FINANCIAL GROUP, CO

Principal Place of Business

**10300 SUNSET DR
MIAMI, FL. 33173**

Mailing Address

**P.O. Box 160785
MIAMI, FL. 33116**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

05182004

Chg-P

CR2E034 (10/03)

4. FEI Number

412032791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Jorge A. OTERO

7. Name and Address of New Registered Agent

Name

10300 SUNSET DR

Street Address (P.O. Box Number is Not Acceptable)

MIAMI, FL. 33173

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

Jorge A. OTERO

STREET ADDRESS **10300 SUNSET DR**

CITY-ST-ZIP **MIAMI, FL. 33173**

TITLE NAME ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS **900054205769**

CITY-ST-ZIP **05/10/05--01040--018 **150.00**

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

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TITLE NAME ☐ 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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge A. Otero

4/28/05

305-300-2752

Date

Daytime Phone #