2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: __

Pincipal Place of Business	DOCUMENT # P02000047528 1. Entity Name PRIORITY MANAGEMENT, INC.							FILED Jan 27, 2005 08:00 AM Secretary of State					
2. Principal Place of Subsides	Principal Place of Business Mailing Address												
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Sulte, Apt #, etc. Sulte, Apt #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country Settle Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 City City FLL City FLL City FLL City FLL Zip Code 8. The above named entry submits this situament for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida I am familiar with, and accept the obligatory fragiletery daily agent agent substitution of State 8. The above named entry submits this situament 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 obligatory fragiletery daily agent agent substitution in the State of Florida I am familiar with, and accept the obligatory fragiletery daily agent agent substitution in the State of Florida I am familiar with, and accept the obligatory fragiletery daily agent agent substitution in the State of Florida I am familiar with, and accept the obligatory fragiletery daily agent agent substitution in the State of Florida I am familiar with, and accept the obligatory fragiletery daily agent agent agent substitution in the state of Florida I am familiar with, and accept the obligatory fragiletery daily agent agent agent substitution in the state of Florida I am familiar with, and accept the obligatory fragiletery daily agent a		, – ••						11	INIJAN JIE NAJE SINIJ SAJIJ NAJIJ	(B) 	 		IT INNT
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S. Current Registered Againt 7. Name and Address of New Registered Againt 7. Name and Address of New Registered Againt 8. Street Address (F.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered againt, or both, in the State of Fordia. I am familiar with, and accept the obligation-prifergistered againt, or both, in the State of Fordia. I am familiar with, and accept the obligation-prifergistered againt, or both, in the State of Fordia. I am familiar with, and accept the obligation-prifergistered againt, or both, in the State of Fordia. I am familiar with, and accept the obligation-prifergistered againt, or both, in the State of Fordia. I am familiar with, and accept the obligation-prifergistered againt, or both, in the State of Fordia. I am familiar with, and accept the obligation-prifergistered againt, or both, in the State of Fordia. I am familiar with, and accept the obligation-prifergistered againt, or both, in the State of Fordia. I am familiar with, and accept the obligation-prifergistered againt, or both, in the State of Fordia. I am familiar with, and accept the obligation-prifergistered againt, or both, in the State of Fordia. I am familiar with, and accept the obligation-prifergistered againt, or both, in the State of Fordia. I am familiar with, and accept the obligation-prifergistered againt, or both, in the State of Fordia. I am familiar with, and accept the obligation-prifergistered againt, or both, in the State of Fordia. I am familiar with, and accept the college of Fordia acceptable, and the state of Fordia acceptable, and the state of Fordia State and and the state of Fordia State and and the familiar and indicated of the copposition of the c	City & State				City & State			4. FEI Numi	ber 02-0593217	,			
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR