

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90027 030 ***150.00

DOCUMENT # P02000064044	
1. Entity Name Prime Elements, Inc.	

Principal Place of Business POST OFFICE BOX 47771 TAMPA, FL 33647	Mailing Address POST OFFICE BOX 47771 TAMPA, FL 33647
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94027321



02102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 1700 N. Bay Rd Suite, Apt. #, etc. Bldg 1 Apt 17 City & State Sunny Isles FL Zip 33160 Country USA	3. Mailing Address 1700 N. Bay Rd Suite, Apt. #, etc. Bldg 1 Apt 17 City & State Sunny Isles FL Zip 33160 Country USA
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4. FEI Number 47-0870424	Applied For ☐ Not Applicable
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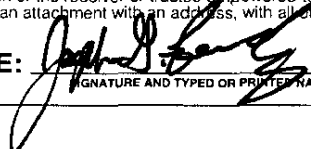
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERNANDEZ, JOSEPH G 3717 JEFFER COMMONS DR APT 202 TAMPA, FL 33610	7. Name and Address of New Registered Agent Name Joseph Fernandez Street Address (P.O. Box Number is Not Acceptable) 1700 N. Bay Rd Bld. 1 Apt 17 City Sunny Isles FL Zip Code 33160
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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 reinstating)
DATE 2/13/04

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FERNANDEZ, JOSEPH G 3717 JEFFERSON DR TAMPA, FL 33610 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Fernandez, Joseph G 1700 N. Bay Rd. Apt. 17 Sunny Isles FL 33160 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Giammaresi Anthony 18535 Otterwood Ave Tampa FL 33647 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Pichardo, Kenneth 1112 Canopy Oaks Drive Clermont FL 34711 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Wilson, Matthew 1112 Canopy Oaks Drive Clermont FL 34711 ☐ 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

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: 	Joseph Fernandez Pres 2/13/04 363-9262 (813)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #