2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-10-2004 90027 030 ***150.00

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02102004 Chg-P CR2E034 (10/03)

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

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

4. FEI Number
47-0870424
☐ Applied For
☐ Not Applicable

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

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

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 Joseph Fernandez Reg. Agent 2/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	DPST ☐ Delete
NAME	FERNANDEZ, JOSEPH G
STREET ADDRESS	3717 JEFFEROSON DR
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P ☑ Change ☐ Addition
NAME	Fernandez, Joseph G
STREET ADDRESS	1700 N. Bay Rd. Apt. 17
CITY-ST-ZIP	Sunny Isles FL 33160
TITLE	D/VP ☐ Change ☑ Addition
NAME	Giammaresi Anthony
STREET ADDRESS	18535 Otterwood Ave
CITY-ST-ZIP	Tampa FL 33647
TITLE	D/S ☐ Change ☑ Addition
NAME	Pichardo, Kenneth
STREET ADDRESS	1112 Canopy Oaks Drive
CITY-ST-ZIP	Clermont FL 34711
TITLE	D/T ☐ Change ☑ Addition
NAME	Wilson, Matthew
STREET ADDRESS	1112 Canopy Oaks Drive
CITY-ST-ZIP	Clermont FL 34711
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 (813) 363-9262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #