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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1. Entity Name
~~IMPACT FLOORING~~
Prime Elements, Inc.

02102004 Chg-P CR2E034 (10/03)

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

2. Principal Place of Business	3. Mailing Address
1700 N. Bay Rd	1700 N. Bay Rd
Suite, Apt. #, etc.: Bldg 1 Apt 17	Suite, Apt. #, etc.: Bldg 1 Apt 17
City & State: Sunny Isles FL	City & State: Sunny Isles FL
Zip: 33160 Country: USA	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST FERNANDEZ, JOSEPH G 3717 JEFFEROSON 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/VP Giammaresi Anthony 1835 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 (813) 363-9262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #