

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000034496 1. Entity Name PRIME-TECH PROPERTIES, INC.	
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Principal Place of Business 929 SE 10 CT. POMPANO BEACH, FL 33060	Mailing Address P.O. BOX 612092 POMPANO BEACH, FL 33061
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01052006 No Chg-F CR2E034 (11/05)

4. FEI Number 16-1659357	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SICKLES, BARRY M ESQ. 3300 UNIVERSITY DR., STE. 210 CORAL GABLES, FL 33065
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**DO NOT WRITE
IN THIS SPACE**

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 renewing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

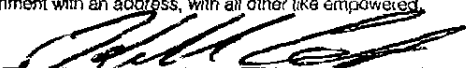
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	BRIXEN, HENRIK	
STREET ADDRESS	929 SE 10 CT	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	VD	
NAME	EDVARDSEN, KELD V	
STREET ADDRESS	820 NE 12 AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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02/23/06-80010-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-06 954 6485025

Date

Daytime Phone #