


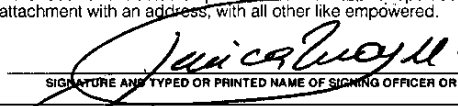
# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90044 048 \*\*\*150.00

<b>DOCUMENT # P03000042680</b> 1. Entity Name <b>PRIMERO LA SALUD CORP.</b>					
Principal Place of Business <b>42 NW 27 AVE SUITE 307 B MIAMI, FL 33125 US</b>			Mailing Address <b>42 NW 27 AVE SUITE 307 B MIAMI, FL 33125 US</b>		
2. Principal Place of Business <b>2412 SW 17 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>2412 SW 17 ST</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>		4. FEI Number <b>57-1162114</b>	
Zip <b>33145</b>		Country <b>U.S</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAYER, JESSICA 2412 SW 17 STREET MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MORFI, EUGENIO</b> <b>15476 NW 77TH CT STE 511</b> <b>MIAMI LAKES, FL 33016</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MORFI, EUGENIO</b> <b>2412 SW 17 ST</b> <b>MIAMI, FL 33145</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MAYER, HORACIO</b> <b>15476 NW 77TH CT STE 511</b> <b>MIAMI LAKES, FL 33016</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MAYER, HORACIO</b> <b>2412 SW 17 ST</b> <b>MIAMI, FL 33145</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>MAYER, JESSICA</b> <b>15476 NW 77TH CT STE 511</b> <b>MIAMI LAKES, FL 33016</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>MAYER, JESSICA</b> <b>2412 SW 17 ST</b> <b>MIAMI, FL 33145</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** 

**3/22/05**

**305-781-7861**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #