


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90014 044 ***150.00

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|--|---|--|---|--|--|
| DOCUMENT # P03000062822 1. Entity Name PRIMAPETS, INC. | | | |  | |
| Principal Place of Business 3500 GALT OCEAN DRIVE NO. 317 FT. LAUDERDALE, FL 33308 | | | Mailing Address 3500 GALT OCEAN DRIVE NO. 317 FT. LAUDERDALE, FL 33308 | | |
| 2. Principal Place of Business 3900 North Ocean Drive Suite, Apt. #, etc. 11D | | 3. Mailing Address 3900 North Ocean Drive Suite, Apt. #, etc. 11D | | | |
| City & State Lauderdale by the Sea, Florida | | City & State Lauderdale by the Sea, Florida | | | |
| Zip 33308 | Country USA | Zip 33308 | Country USA | 4. FEI Number 75-3119691 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent GAM, LAURIE 3500 GALT OCEAN DRIVE NO. 317 FT. LAUDERDALE, FL 33308 | | | | 7. Name and Address of New Registered Agent Name Gam, Laurie Street Address (P.O. Box Number is Not Acceptable) 3900 North Ocean Drive # 11D City Lauderdale by the Sea FL Zip Code 33308 | |
| 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 <u><i>Laurie Gam</i></u> LAURIE GAM <u>2/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DP GAM, LAURIE 3500 GALT OCEAN DRIVE FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete Address Change | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP GAM, LAURIE 3900 NORTH OCEAN DRIVE #11D LAUDERDALE BY THE SEA, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST DAMHUIS, IRMA J 146 PONDFIELD ROAD WEST BRONXVILLE, NY 10708 <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 | |
| 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 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: <u><i>Laurie Gam</i></u> LAURIE GAM <u>2/26/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |