

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000017055

1. Entity Name

PRIME PROPERTIES ONE, INC.



Principal Place of Business

15677 S.W. 53 ST
MIRAMAR, FL 33027

Mailing Address

15677 S.W. 53 ST
MIRAMAR, FL 33027

DO NOT WRITE IN THIS SPACE

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90172 004 ***150.00



04162006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1214817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINA DE VALLE, CARMENZA M
15677 S.W. 53 ST
MIRAMAR, FL 33027

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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 reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FINA DE VALLE, CARMENZA M
15677 S.W. 53 ST
MIRAMAR, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PERTUZ, DORIAN I
15677 S.W. 53 ST
MIRAMAR, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
VALLE, SANDRA M
15677 S.W. 53 ST
MIRAMAR, FL 33027

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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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

Date

Daytime Phone #