

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

04-18-2005 90332 040 ***150.00

DOCUMENT # P04000087814					
1. Entity Name PRIME INVESTMENT PROPERTIES, INC.					
Principal Place of Business 4801 SOUTH CONGRESS AVENUE SUITE 304 LAKE WORTH, FL 33461 US			Mailing Address 5120 WOODLAND LAKES DRIVE PALM BEACH GARDENS, FL 33418 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 43-2052916	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KINER, BARBARA J 5120 WOODLAND LAKES DRIVES PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PST	☐ Delete	TITLE	ASSISTANT SECRETARY	☐ Change ☒ Addition
NAME	KINER, BARBARA J		NAME	NOAH NUNBERG	
STREET ADDRESS	5120 WOODLAND LAKES DRIVE		STREET ADDRESS	535 EAST 86TH STREET	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	NEW YORK, NY 10028	
TITLE	VPAT	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	VERTES, BEATA		NAME		
STREET ADDRESS	38 JEROME PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DUNDAS, ON L9H 6H2		CITY-ST-ZIP		
TITLE	VPAS	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	NUNBERG, REBECCA		NAME		
STREET ADDRESS	535 EAST 86TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10028		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>T. Barbara J. Kiner</u>			4/14/05 Date Daytime Phone # <u>561-626-3131</u>		