

# 2007 FOR PROFIT CORPORATION. ANNUAL REPORT (AR)

**FILED**

**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000087814**

1. Entity Name

PRIME INVESTMENT PROPERTIES, INC.

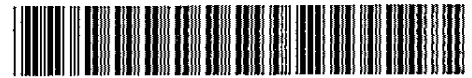


Principal Place of Business

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **43-2052916**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINER, BARBARA J  
5120 WOODLAND LAKES DRIVES  
PALM BEACH GARDENS FL 33418

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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  
NAME  
STREET ADDRESS  
CITY ST ZIP  
PST  
KINER, BARBARA J  
5120 WOODLAND LAKES DRIVE  
PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Add  
1100000647585  
03/06/07-80079-011 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
AS  
NUNBERG, NOAH  
535 E 86TH STREET  
NEW YORK NY 10028 ☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Add

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☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Barbara Kiner, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07

(561) 626-3131

Date

Daytime Phone #