

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090277

Entity Name: AMERICA PRIME, CORP.

FILED  
Jan 13, 2009  
Secretary of State

## Current Principal Place of Business:

2901 SW VARSITY LN  
PORT ST LUCIE, FL 34953 US

## New Principal Place of Business:

5041 WILES RD  
SUITE 106  
COCONUT CREEK, FL 33073 US

## Current Mailing Address:

2901 SW VARSITY LN  
PORT ST LUCIE, FL 34953 US

## New Mailing Address:

5041 WILES RD  
SUITE 106  
COCONUT CREEK, FL 33073 US

FEI Number: 20-3048362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERRAZ, FELIPE  
2901 SW VARSITY LN  
PORT ST LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

FERRAZ, FELIPE  
5041 WILES RD  
SUITE 106  
COCONUT CREEK, FL 33073 US

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.

SIGNATURE: FELIPE FERRAZ

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FERRAZ, FELIPE  
Address: 2901 SW VARSITY LN  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP/D ( ) Delete  
Name: FROSSARD, MARIO  
Address: 2901 SW VARSITY LN  
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: D ( ) Delete  
Name: FROSSARD, LUCY  
Address: 2901 SW VARSITY LN  
City-St-Zip: PORT ST LUCIE, FL 34953 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FERRAZ, FELIPE  
Address: 5041 WILES RD., SUITE 106  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: VPD (X) Change ( ) Addition  
Name: FROSSARD, MARIO  
Address: 2901 SW VARSITY LN  
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELIPE FERRAZ

PD

01/13/2009

Electronic Signature of Signing Officer or Director

Date