

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # P05000111840

1. Entity Name
PRIMOS DEVELOPMENT I, INC.



Principal Place of Business
C/O ROBERT CLEMENT
1226 N ELLIOTT
PARK RIDGE, IL 60068

Mailing Address
C/O ROBERT CLEMENT
1226 N ELLIOTT
PARK RIDGE, IL 60068



01262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3725775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MESA, IDANIA
12512 SW 73RD TER
MIAMI, FL 33183

**DO NOT WRITE
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 IDANIA R. MESA

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	OD
NAME	CLEMENT, ROBERT
STREET ADDRESS	1226 N ELLIOTT
CITY-ST-ZIP	PARK RIDGE, IL 60068

TITLE	O
NAME	MESA, IDANIA R
STREET ADDRESS	12512 SW 73RD TER
CITY-ST-ZIP	MIAMI, FL 33183

TITLE	OD
NAME	MESA, ALBERTO B
STREET ADDRESS	12512 SW 73RD TER
CITY-ST-ZIP	MIAMI, FL 33183

TITLE	OD
NAME	CLEMENT, BARBARA
STREET ADDRESS	1226 N ELLIOTT
CITY-ST-ZIP	PARK RIDGE, IL 60068

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/08-80015-022 150.00

**DO NOT WRITE
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-08

Date

847 827-8630

Daytime Phone #