

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90077 018 ***163.75

DOCUMENT # P06000093486

1. Entity Name
PRI-MAR FINANCIAL INC



Principal Place of Business
**4601 WEST KENNEDY BLVD
 SUITE 209
 TAMPA, FL 33609**

Mailing Address
**4601 WEST KENNEDY BLVD
 SUITE 209
 TAMPA, FL 33609**

2. Principal Place of Business - No P.O. Box #
2700 North Macdill Ave.

3. Mailing Address
2700 North Macdill Ave.

Suite, Apt. #, etc.
215

Suite, Apt. #, etc.
215

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33607

Country

Zip
33607

Country



04142008 Chg-P CR2E034 (12/06)

4. FEI Number
87-0776244

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PRIETO, ALEJANDRO SR
 4601 WEST KENNEDY BLVD
 SUITE 209
 TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name **ALEJANDRO Prieto HERNANDEZ**

Street Address (P.O. Box Number is Not Acceptable)
2700 NORTH MACDILL AVE #215

City **TAMPA** FL Zip Code **33607**

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: *Alejandro Prieto* *Alejandro Prieto* **04/14/08**

Signature, typed or printed name of registered agent and title if applicable. (NOT 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 NAME STREET ADDRESS CITY-ST-ZIP	P PRIETO, ALEJANDRO SR 4601 WEST KENNEDY BLVD 209 TAMPA, FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARQUEZ, YOVANY J SR 4601 WEST KENNEDY BLVD 209 TAMPA, FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUENMAYOR, MARY 4601 WEST KENNEDY BLVD 209 TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRIETO, Alejandro SR. 2700 NORTH MACDILL AVE SUITE 215 TAMPA, FL. 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARQUEZ YOVANY SR. 2700 NORTH MACDILL AVE SUITE 215 TAMPA FL. 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alejandro Prieto* **Alejandro Prieto** **04/14/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #