

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-21-2008 90077 018 \*\*\*163.75

<b>DOCUMENT # P06000093486</b>					
<b>1. Entity Name</b> PRI-MAR FINANCIAL INC					
<b>Principal Place of Business</b> 4601 WEST KENNEDY BLVD SUITE 209 TAMPA, FL 33609			<b>Mailing Address</b> 4601 WEST KENNEDY BLVD SUITE 209 TAMPA, FL 33609		
<b>2. Principal Place of Business - No P.O. Box #</b> 2700 North Macdill Ave.		<b>3. Mailing Address</b> 2700 North Macdill Ave.			
Suite, Apt. #, etc. 215		Suite, Apt. #, etc. 215			
City & State TAMPA FL		City & State TAMPA FL			
Zip 33607		Zip 33607			
04142008      Chg-P      CR2E034 (12/06)					
<b>4. FEI Number</b> 87-0776244				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> PRIETO, ALEJANDRO SR 4601 WEST KENNEDY BLVD SUITE 209 TAMPA, FL 33609			<b>7. Name and Address of New Registered Agent</b> Name <u>ALEJANDRO Prieto Hernandez</u> Street Address (P.O. Box Number is Not Acceptable) 2700 NORTH MACDILL AVE #215 City <u>TAMPA</u> FL Zip Code <u>33607</u>		
<b>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.</b> SIGNATURE: <u>Alejandro Prieto</u> <u>Alejandro Prieto</u> 04/14/08. <small>Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>					
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			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
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			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Alejandro Prieto</u> <u>Alejandro Prieto</u> 04/14/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					