

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000023335**

1. Entity Name  
**PRIMA INDUSTRIES, INC.**



Principal Place of Business  
**1201 SILVER BEACH RD  
LAKE PARK, FL 33403 US**

Mailing Address  
**1201 SILVER BEACH RD  
LAKE PARK, FL 33403**



02132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0398807**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LUCIDO, ALEXANDER  
718 FAIRHAVEN DR  
N PALM BEACH, FL 33408**

**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 \_\_\_\_\_

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	V
NAME	LAURIE, LUCIDO
STREET ADDRESS	718 FAIRHAVEN DR
CITY-ST-ZIP	N. PALM BCH, FL
TITLE	V
NAME	LUCIDO, ALEXANDER J
STREET ADDRESS	1201 SILVER BEACH RD
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	S
NAME	LUCIDO, SALVATORE
STREET ADDRESS	1201 SILVER BEACH RD
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	P
NAME	LUCIDO, ALEXANDER
STREET ADDRESS	718 FAIRHAVEN DR
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000863264  
04/03/08-80085-002.150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-17-08**

Date

**821-863-8081**

Daytime Phone #