2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044743

Entity Name: PRIME RATE, INC.

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O ART MARTINEZ INTERESTS, INC. 401 CORAL WAY, SUITE # 302 CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

C/O ART MARTINEZ INTERESTS, INC. 401 CORAL WAY, SUITE # 302 CORAL GABLES, FL 33134 US

FEI Number: 65-0419865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTINEZ, ARISTIDES PD
401 CORAL WAY 401 CORAL WAY
SUITE 302 SUITE 302
CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 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: ARISTIDES MARTINEZ 01/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MARTINEZ, ARISTIDES MARTINEZ, ARISTIDES PD Name: Name: 401 CORAL WAY SUITE # 302 401 CORAL WAY SUITE # 302 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: CORAL GABLES, FL 33134 US

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: ARISTIDES MARTINEZ PD 01/20/2009