2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P94000041644



FILED
Mar 31, 2006 8:00 am
Secretary of State
03-31-2006 90019 047 ***150.00

Country Zip Country Se. Certificate of Status Desired \$8.75 Acctionnal Fee Required \$8.75 Acctionnal Fee Required	1. Entity Nam PRIMAR		REAL ESTATE, II					05 51 2000 5		. 150.				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 02062008 Chg-P CR2E034 (11/05)	1211 JACARANDA BLVD. 1				1211 JACARANDA BLVD.						50	0077()4	
City & State Ci	Principal Place of Business 3.				Mailing Address				100					
Signature Sign				s	Suite, Apt. #, etc.				02062006	Chg-P	CR2E	034 (11/05)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name North Construction Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent. PLE NOWILL FLORIDA STATE OF	City & State			С	City & State								oplied For ot Applicable	
MACRIS, STEVEN W 609 S. TAMIAMI TRAIL VENICE, FL 34285 City FL 34285 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable beloigations of registered agent. SIGNATURE FILE NOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADD TIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADD TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. INTE ROSS, IRA 1211 JACARANDA BLVD CITY ST-28 CITY-ST-28	Zip	Zip Country			ip	Coun	try		5. Certificate	of Status Desired				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City	6. Name and Address of Current Regis								7. Name and	Address of New I	Registered	Agent		
Screet Address (P.O. Box Number is Not Acceptable) City FL Zip Code	MA ODIO OTENENIM							Name						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accomplished agent and state it accided to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accomplished agent and state it accided to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accomplished agent and state it accided to the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accomplished to registered agent, or both, in the State of Florida. I am familiar with, and accomplished to registered agent, or both, in the State of Florida. I am familiar with, and accomplished to registered agent, or both, in the State of Florida. I am familiar with, and accomplished to registered agent, or both, in the State of Florida. I am familiar with, and accomplished to registered agent, or both, in the State of Florida. I am familiar with, and accomplished to registered agent, or both, in the State of Florida. I am familiar with, and accomplished to registered agent, or both, in the State of Florida. I am familiar with, and accomplished to registered agent, or both, in the State of Florida. I am familiar with, and accomplished to registered agent, or both, in the State of Florida. I am familiar with, and accomplished to registered agent, or both, in the State of Florida. I am familiar with, and accomplished to registered agent, or both, in the State of Florida. I am familiar with, and accomplished to require agent	609 S. TAMIAMI TRAIL							ress (I	P.O. Box Numbe	er is Not Acceptabl	le)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accide the obligations of registered agent. SIGNATURE Suprature, byteolor printed hame of inquisered agent and time if accidable NOTE. Registered Agent signature inquired when rendefining) After May 1, 2006 Fee will be \$550.00 9. Election Cambaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE COSS, IRA 1211 JACARANDA BLVD VENICE, FL 34292 TITLE NAME SIRET ADDRESS OTITY-ST-2P Delete TITLE NAME SIRET ADDRESS OTITY-ST-2P TITLE NAME SI						City				FI	Zip Coo	ie		
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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: _

NAUARRO