

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000085336

FILED
Feb 18, 2009
Secretary of State

Entity Name: PRIME AUTO INSURANCE, INC.

Current Principal Place of Business:

14538 W DIXIE HWY
MIAMI, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

14538 W DIXIE HWY
MIAMI, FL 33181 US

New Mailing Address:

FEI Number: 65-0627920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCELIN, JOSEPH P
19320 NW 23RD AVE
MIAMI-GARDENS, FL 33056 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARCELIN, JOSEPH P
Address: 19320 NW 23 AVE
City-St-Zip: MIAMI, FL 33056

Title: TD () Delete
Name: MARCELIN, WILDA L
Address: 19320 NW 23 AVE
City-St-Zip: MIAMI, FL 33056

Title: SD () Delete
Name: LOUISSAINT, NICOLE M
Address: 2325 NW 195 ST
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARCELIN, JOSEPH P
Address: 19320 NW 23 AVE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: TD (X) Change () Addition
Name: MARCELIN, WILDA L
Address: 19320 NW 23 AVE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: SD (X) Change () Addition
Name: LOUISSAINT, NICOLE M
Address: 2325 NW 195 ST
City-St-Zip: MIAMI GARDENS, FL 33056

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: JOSEPH P. MARCELIN

PD

02/18/2009

Electronic Signature of Signing Officer or Director

Date