

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000056579 1. Entity Name PRIME BEARING, INC.			
Principal Place of Business 10390 LAKE VISTA CIRCLE BOCA RATON, FL 33498-6725		Mailing Address 10390 LAKE VISTA CIRCLE BOCA RATON, FL 33498-6725	
DO NOT WRITE IN THIS SPACE			
		04102004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 13-3475393	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRASNOVE, BARBARA J ESQ. 5701 NO PINE ISLAND ROAD STE 220 TAMARAC, FL 33321		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000119304 04/19/04-80093-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KANOF, GEORGE 10390 LAKE VISTA CIRCLE BOCA RATON, FL 334986725		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KANOF, BEVERLY 10390 LAKE VISTA CIRCLE BOCA RATON, FL 334986725		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Beverly Kanof, Vice President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/15/04 561-477-9532 Date Daytime Phone #	