

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90288 020 \*\*\*150.00

14011230



04262005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0755886 Applied For Not Applicable

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

DOCUMENT # P96000072232  
1. Entity Name  
PRIME FUNDING CORPORATION



Principal Place of Business Mailing Address  
1140 N.E. 163 STREET 1140 N.E. 163 STREET  
SUITE 25 SUITE 25  
MIAMI, FL 33162 MIAMI, FL 33162

2. Principal Place of Business 3. Mailing Address  
3600 State Rd 7 3600 State Rd 7  
Suite, Apt. #, etc. #226 Suite, Apt. #, etc. #226

City & State City & State  
MILAN, FL MILAN, FL  
Zip 33023 Country Broward Zip 33023 Country Broward

6. Name and Address of Current Registered Agent  
CASSEUS, HEROLD  
1240 NE 159 ST.  
MIAMI, FL 33162

7. Name and Address of New Registered Agent  
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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 4/25/05  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CASSEUS, HEROLD 1240 NE 159 ST. MIAMI, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* PRESIDENT DATE 4/25/05  
Signature, typed or printed name of signing officer or director