2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# P97000005734

Entity Name: PRIME INSURANCE SERVICES, INC.

Current Principal Place of Business:

290 174TH STREET
UNIT 2416
SUNNY ISLAES BEACH, FL 33160 US

New Principal Place of Business:

290 174TH STREET
UNIT 2416
SUNNY ISLES BEACH, FL 33160 US

Current Mailing Address:

2841 N OCEAN BLVD
2004
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

290 174TH STREET
UNIT 2416
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 65-0721667 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMISON, DAVID
290-174TH ST. #2416
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

JAMISON, DAVID
290 174TH ST
UNIT 2416
SUNNY ISLES BEACH, FL 33160 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: 04/21/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JAMISON, DAVID J
Address: 290-174TH ST. #2416
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP (X) Delete
Name: BAZZON, FLAVIA
Address: 290-174TH ST. #2416
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JAMISON, DAVID J
Address: 290 174TH ST #2416
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID JAMISON P 04/21/2004
Electronic Signature of Signing Officer or Director Date