2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P98000012700 Feb 23, 2007 08:00 AM **Secretary of State** 1. Entity Namo DI PRIMA, INC. Principal Place of Business Mailing Address 2822 NW 55TH AVE.,#1D LAUDERHILL FL 33313 7098 BONITA DRIVE MIAMI BEACH FL 33141 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Numbor Applied For 65-0812017 Not Applicable Žιρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SILVESTRI, HUGO A Stroot Address (P.O. Box Number is Not Acceptable) 5030 S.W. 10TH STREET PLANTATION FL 33317 City Zip Code 8. The above named entity submits In atoment 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 ag 2-21-07 SIGNATURE e of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPS IIILE ☐ Addition ☐ Delete IIIŒ Change SILVESTRI, HUGO A NAME NAME U00000645959 2822 NW 55TH AVE., #1D STREET ADDRESS STREET ADDRESS 03/06/07-80010-022 158.75 LAUDERHILL FL 33313 CITY-ST-ZIP CITY - ST - ZIP TITLE Delete Change Addition TITLE SIVIERO, BEATRIZ M NAME NAME 5001 S.W. 11TH STREET STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-S1-ZIP CITY-ST-ZIP THE ☐ Deleie TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP

12. I horoby cortify that the information supplied with this thing does not qualify for the exemptions contained in Soction 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 embowered 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 artifess, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-07 (305) 668-5365

Date Daylime Phon