

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000012700

Entity Name: DI PRIMA, INC.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

2822 NW 55TH AVE.,#1D
LAUDERHILL, FL 33313

New Principal Place of Business:

5030 SW 10TH STREET
PLANTATION, FL 33317

Current Mailing Address:

7098 BONITA DRIVE
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 65-0812017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SILVESTRI, HUGO A
5030 S.W. 10TH STREET
PLANTATION, FL 33317 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: DPT () Delete
Name: SILVESTRI, HUGO A
Address: 2822 NW 55TH AVE.,#1D
City-St-Zip: LAUDERHILL, FL 33313

Title: DVP () Delete
Name: SIVIERO, BEATRIZ M
Address: 5001 S.W. 11TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: DS () Delete
Name: SZENKMAN, NATALIA
Address: 5001 S.W. 11TH STREET
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: SILVESTRI, HUGO A
Address: 5030 SW 10TH STREET
City-St-Zip: PLANTATION, FL 33317

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

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

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: HUGO SILVESTRI

DPT

02/02/2009

Electronic Signature of Signing Officer or Director

Date