

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041301

Entity Name: PRIME PHARMA CORP.

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

8875 HIDDEN RIVER PKWY  
LAKEVIEW BLDG., SUITE 300  
TAMPA, FL 33637

## New Principal Place of Business:

## Current Mailing Address:

8875 HIDDEN RIVER PKWY  
LAKEVIEW BLDG., SUITE 300  
TAMPA, FL 33637

## New Mailing Address:

FEI Number: 59-3522900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONSALVO, PAOLO  
8875 HIDDEN RIVER PKWY  
LAKEVIEW BLDG., SUITE 300  
TAMPA, FL 33637 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: P ( ) Delete  
Name: CONSALVO, PAOLO  
Address: 3301 WEST VILLA ROSA STREET  
City-St-Zip: TAMPA, FL 33611

Title: VP ( ) Delete  
Name: CONSALVO, LINA  
Address: 3301 WEST VILLA ROSA STREET  
City-St-Zip: TAMPA, FL 33611

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CONSALVO, PAOLO  
Address: 3102 WEST LAWN AVENUE  
City-St-Zip: TAMPA, FL 33611

Title: VP (X) Change ( ) Addition  
Name: CONSALVO, LINA  
Address: 3102 WEST LAWN AVENUE  
City-St-Zip: TAMPA, FL 33611

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: PAOLO CONSALVO

P

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date