

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000026674

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** P.R.M. ENTERPRISES, INC.

**Current Principal Place of Business:**

8550 NW 24TH CT  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

8550 NW 24TH CT  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

**FEI Number:** 65-0919441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHLICHTE, PAUL G  
2134 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** RESTAINO, ANTHONY  
**Address:** 8550 NW 24TH CT  
**City-St-Zip:** PEMBROKE PINES, FL 33024 US

**Title:** VD  
**Name:** RATTI, ANGELA  
**Address:** 4 POLO ST  
**City-St-Zip:** DIX HILLS, NY 11746 US

**Title:** STD  
**Name:** RESTAINO, PATRICK  
**Address:** 468 BEDFORD RD  
**City-St-Zip:** ARMONK, NY 10504 US

I hereby 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 all other like empowered.

**SIGNATURE:** ANTHONY RESTAINO

PRES

04/10/2012

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

\_\_\_\_\_  
Date