< 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2004 8:00 am Secretary of State DOCUMENT # P99000038120 04-21-2004 90012 049 ***150.00 PRIMARY LIVING COLORS, INC. Principal Place of Business Mailing Address 10839 N.W. 7 STREET 10839 N.W. 7 STREET APT. #22 APT. #22 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 11475 SW 59th Terr 3. Mailing Address 11475 SW 59th Tenn. Suite, Apt. #, etc. Suite, Apt. #, etc 04022004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number mune Fr mum Fr / 65-0913871⁹ Not Applicable Country ^{Zip} 33/73 \$8.75 Additional 5. Certificate of Status Desired 33 17 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, ENEAS R Street Address (P.O. Box Number is Not Acceptable) 10839 N.W. 7 STREET APT. #22 MIAMI, FL 33172 75 SW 59th TENA City ZigCede 7 8. 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. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) e of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. VD Change Addition TILE D Delete TIFLE JARAMIILLO, MARIA DEL P NAME NAME 114755W 59th Tea. 10839 N.W. 7 STREET APT. #22 STREET ADDRESS STREET ADDRESS mimi A 33/73 CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-7P TITLE **Change** Addition TITLE ☐ Delete HERNANDEZ, ENEAS R NAME 11475 SW 59+hTerr. NAME STREET ADDRESS 10839 N.W. 7 STREET APT. #22 STREET ADDRESS minmi 6 33173 CITY-ST-7IP MIAMI, FL 33172 CITY-ST-70P TIFLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete Change Addition mu MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Delete Change ■ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Attachments P9900003812el

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