

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S55001

Entity Name: PRIMO FARMS, INC.

FILED
Mar 13, 2009
Secretary of State

Current Principal Place of Business:

174 STREET AND 167 AVE
MIAMI, FL 33265

New Principal Place of Business:

Current Mailing Address:

2475 BRICKELL AVE
STE. 1407
MIAMI, FL 33129

New Mailing Address:

FEI Number: 59-3068117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLOS A. LOPEZ, JR., P.A.
2400 S DIXIE HWY
SUITE 105
MIAMI, FL 33133 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: V () Delete
Name: MAYORAL-PARRACIA, RA, FAEL
Address: 13753 SW 36 STREET
City-St-Zip: MIAMI, FL 33175

Title: S () Delete
Name: MAYORAL-PARRACIA, JO, AQUIN
Address: 2475 BRICKELL AVE STE. 1407
City-St-Zip: MIAMI, FL 33129

Title: P () Delete
Name: MAYORAL-PARRACIA, MI, CHELLE
Address: 2475 BRICKELL AVE STE 1407
City-St-Zip: MIAMI, FL 33129

Title: T () Delete
Name: MAYORAL-PARRACIA, IA, N
Address: PO BOX 40928 MINILLAS STATION
City-St-Zip: SAN JUAN, PR 00940 09

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHELLE MAYORAL

P

03/13/2009

Electronic Signature of Signing Officer or Director

_____ Date