


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90083 046 ***150.00

DOCUMENT # *P01000107757*
1. Entity Name
Mike's Prestige Autmotive Inc.



DO NOT WRITE IN THIS SPACE

24002860

2. Principal Place of Business
385 NE 79 Street
Suite, Apt. #, etc.

3. Mailing Address
385 NE 79 Street
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33138

Country
Miami-Dade

Zip
33138

Country
Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0567779 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Miguel Fuentes

Street Address (P.O. Box Number is Not Acceptable)
385 NE 79 Street

City Miami FL Zip Code 33138

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of, the registered agent.

SIGNATURE *[Signature]* Miguel Fuentes DATE Jan 14, 2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)

January 1 - Nov. 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miguel Fuentes / President 385 NE 79 Street Miami, FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other officers empowered.

SIGNATURE: *[Signature]* Miguel Fuentes / President *01/14/04* (305)754-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)