

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90002 002 ***158.75

DOCUMENT # P97000000417	
1. Entity Name PRESTIGE PROPERTIES OF JACKSONVILLE, INC.	



Principal Place of Business 6128 KENNEDY RD. JACKSONVILLE, FL 32216	Mailing Address 6128 KENNEDY RD. JACKSONVILLE, FL 32216
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54064299



2. Principal Place of Business 8131 BAYMEADOWS CIRCLE W. Suite, Apt. #, etc. 204 City & State JACKSONVILLE, FL Zip 32256 Country U.S.A.	3. Mailing Address 8131 BAYMEADOWS CIRCLE W. Suite, Apt. #, etc. 204 City & State JACKSONVILLE, FL Zip 32256 Country U.S.A.
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07192004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3507538	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AKEL, EDWARD C. 1 INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAHRI, NABIL 6128 KENNEDY RD. JACKSONVILLE, FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAHRI, NABIL 8131 BAYMEADOWS CIRCLE WEST JACKSONVILLE, FL 32256 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAHRI, ANDRE 6128 KENNEDY RD. JACKSONVILLE, FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAHRI, ANDRE 8131 BAYMEADOWS CIRCLE WEST JACKSONVILLE, FL 32256 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Abdullah SOHA BAHRI 7/19/04 304-7376674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #