2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9700000417

1. Entity Name

PRESTIGE PROPERTIES OF JACKSONVILLE, INC.



Principal Place of Business

THICIPAL FIACE OF DUSINESS

8131 BAYMEADOWS CIRCLE W # 204

JACKSONVILLE, FL 32256

Mailing Address

8131 BAYMEADOWS CIRCLE W # 204

204 JACKSONVILLE, FL 32256

FILED Jul 14, 2005 8:00 am Secretary of State

07-14-2005 90078 043 ***158.75

Shapagaa



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06302005 No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3507538

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

	6	. Name	and Add	iress of	Current	Registered	Agent
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AKEL, EDWARD C 1 INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202

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	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and titl	e if applicable. (NOTE: Register	ed Agent signature	required when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	Election Campaign Fina 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.
10.	OFFICERS AND DIRE	ECTORS	1		
NAME STREET ADDRESS CITY-ST-ZIP	D BAHRI, NABIL 8131 BAYMEADOWS CIRCLE WES' JACKSONVILLE, FL 32256	Т			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAHRI, ANDRE 8131 BAYMEADOWS CIRCLE WES JACKSONVILLE, FL 32256	т			
TITLE NAME STREET ADDRESS					NOT WOITE

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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 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:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
TITLE
STREET ADDRESS
CITY-ST-ZIP
TITLE
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

07/12/05

7-4-7376674