


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 523229		
1. Entity Name PRESTIGE COMMODITIES COMPANY		
Principal Place of Business 1320 S. DIXIE HWY. SUITE 845 CORAL GABLES, FL 33146 US		Mailing Address 1320 S. DIXIE HWY. SUITE 845 CORAL GABLES, FL 33146 US



03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1721175	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORA, OSWALDO J 1840 CORAL WAY, SUITE 402 MIAMI, FL 33145
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**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 registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	P SPEZIANI, NORA M 15500 S W 73 CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPEZIANI, HUMBERTO N 15500 S W 73 CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPEZIANI, GINETTA 15500 S W 73 CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEZIANI, HUMBERTO M. 431 BIANCA AVE. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEZIANI, FIORELLA 15500 SW 73 CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/06-80015-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/26/06** Daytime Phone #: **(305) 665 9565**

NORA SPEZIANI