

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # 594802

1. Entity Name
PRESTO INTERNATIONAL, INC.



Principal Place of Business
**5001 SW 74TH COURT, SUITE 200
MIAMI FL 33155-1453**

Mailing Address
**5001 SW 74TH COURT, SUITE 200
MIAMI FL 33155-1453**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1919122**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAVEZ, MR. OMAR A.
4730 SANTA MARIA ST
CORAL GABLES FL 33146**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
CHAVEZ, OMAR A
4730 SANTA MARIA ST
CORAL GABLES FL 33146**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

**U00000664542
03/22/07-80049-002 158.75**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
CHAVEZ, OMAR A JR
1717 N BAYSHORE DR UNIT 2452
MIAMI FL 33132**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**T
PACINI, MILDRED E
5001 SW 74TH CT STE 200
MIAMI FL 33155**

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

SIGNATURE:

OMAR A. CHAVEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 27/2007 305 669-8850
Date Daytime Phone #