


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G72516</b> 1. Entity Name <b>PRESTIGE DEVELOPMENT GROUP, INC.</b>	
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Principal Place of Business <b>C/O MICHAEL L. STEINBERG 2233 N.W. 41ST STREET, SUITE 100 GAINESVILLE, FL 32606-3643</b>	Mailing Address <b>C/O MICHAEL L. STEINBERG 2233 N.W. 41ST STREET, SUITE 100 GAINESVILLE, FL 32606-3643</b>
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01202004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2366300</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>STEINBERG, MICHAEL L. 2233 N.W. 41ST STREET, SUITE 100 GAINESVILLE, FL 32606-6643</b>	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000030399</b> <b>02/04/04-80106-022 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP STEINBERG, MICHAEL L 2233 NW 41ST STE 100 GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP STEINBERG, MIRIAM F 2233 NW 41ST STE 100 GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Miriam F. Steinberg* **Miriam F. Steinberg** 1/29/04 352-873-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #