

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000035612</b> 1. Entity Name <b>PRESTIGE BUILDERS CAPITAL INVESTMENTS, LLC</b>				<b>FILED</b> 04 MAY 25 AM 11:08 TALLAHASSEE, FLORIDA	
Principal Place of Business <b>5779 NW 151ST ST. MIAMI LAKES, FL 33015</b>		Mailing Address <b>5779 NW 151ST ST. MIAMI LAKES, FL 33015</b>			
2. Principal Place of Business <b>14160 Palmetto Frontage Rd</b> Suite, Apt. #, etc. <b>21</b>		3. Mailing Address <b>14160 Palmetto Frontage Rd</b> Suite, Apt. #, etc. <b>21</b>			
City & State <b>Miami Lakes, FL</b> Zip <b>33016</b>		City & State <b>Miami Lakes, FL</b> Zip <b>33016</b>			
4. FEI Number 03262004 Chg-LLC		CR2E083 (10/03) <b>5/25</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CAPARROS, MARTIN JR 5779 NW 151ST ST. MIAMI LAKES, FL 33015</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>CAPARROS, MARTIN JR 5779 NW 151ST ST. MIAMI LAKES, FL 33015</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Caparros, Martin Jr. 14160 Palmetto Frontage Rd. #21 Miami Lakes, FL 33016</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
<b>SIGNATURE:</b> <b>Martin Caparros</b> <b>4/30</b>					