


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90037 046 \*\*\*\*55.00

<b>DOCUMENT # L05000005523</b> 1. Entity Name <b>PRESTIGE CONSTRUCTION GROUP, LLC</b>					
Principal Place of Business <b>1023 NW 3RD AVENUE MIAMI, FL 33136</b>			Mailing Address <b>1023 NW 3RD AVENUE MIAMI, FL 33136</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-2191604</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PRESTIGE ENTERPRISE GROUP, INC. 1023 NW 3RD AVENUE MIAMI, FL 33136</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 resigning) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR		TITLE	MGR	
NAME	PRESTIGE ENTERPRISE GROUP, INC.		NAME	NELSON DAVID	
STREET ADDRESS	1023 NW 3RD AVENUE		STREET ADDRESS	1023 NW 3RD AVENUE	
CITY - ST - ZIP	MIAMI, FL 33136		CITY - ST - ZIP	MIAMI, FL 33136	
TITLE	MGR		TITLE		
NAME	LLANOS, JAVIER A		NAME		
STREET ADDRESS	1023 NW 3RD AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33136		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. 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 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 608, Florida Statutes.					
<b>SIGNATURE:</b> _____			<b>SALOMON YUICEN</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>4-28-06</b> (305) 374-4412		