


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L29787
 1. Entity Name
 PRESTA I, INC.



Principal Place of Business: 1350 E NEWPORT CENTER STE 206 DEERFIELD BEACH, FL 33442
 Mailing Address: PO BOX 4219 DEERFIELD BEACH, FL 33442-4219

DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)
 4. FEI Number 65-0175461 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KAY LAW OFFICES
 C/O JAMES R. KAY, ESQUIRE
 700 VILLAGE SQUARE CROSSING #102B
 PALM BEACH GARDENS, FL 33410

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REIBLING, LORENZ
STREET ADDRESS	1350 E NEWPORT CENTER DR STE 206
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	VSTD
NAME	REIBLING, GUENTHER
STREET ADDRESS	1350 E NEWPORT CENTER DR STE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	VPAS
NAME	KASSOF, LINDA G
STREET ADDRESS	1350 E NEWPORT CENTER DRIVE STE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/26/05-80092-003 158.75
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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: *Linda G. Kassof* Linda G. Kassof 04/22/2005 (954) 428-4585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #