

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
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



01042007 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD REIBLING, LORENZ 1350 E NEWPORT CENTER DR STE 206 DEERFIELD BCH, FL 33442
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSTD REIBLING, GUENTHER 1350 E NEWPORT CENTER DR STE 206 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPAS KASSOF, LINDA G 1350 E NEWPORT CENTER DRIVE STE 206 DEERFIELD BEACH, FL 33442
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04/05/07-80041-016 158.75

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IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #