2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L29787

1. Entity Name
PRESTA I, INC.

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

01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000834305
02/29/08-80047-015 158.75

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ 16 Feb. 2008 954-428-4585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #