


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90284 014 \*\*\*150.00

**DOCUMENT # L36611**

1. Entity Name  
**PRESTON, INC.**



Principal Place of Business  Mailing Address

218 COMMERCIAL BLVD.  
 203  
 LAUDERDALE BY THE SEA, FL 33308 US

C/O VICTORIA I. PRISTO  
 218 COMMERCIAL BLVD, SUITE 203  
 LAUDERDALE-BY-THE-SEA, FL 33308-4462

94054787



2. Principal Place of Business 3. Mailing Address

2132 E Oakland Park Blvd (Suite) Apt. #, etc. 201 2132 E Oakland Park Blvd (Suite) Apt. #, etc. 201

03122004 Chg-P CR2E034 (10/03)

City & State City & State

Fort Lauderdale, FL Fort Lauderdale FL

Zip Country Zip Country

33306 Broward 33306 Broward

4. FEI Number 65-0163170 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRISTO, VICTORIA I.  
 218 COMMERCIAL BLVD, SUITE 203  
 LAUDERDALE-BY-THE-SEA, FL 33308

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
 2132 E Oakland Park Blvd, Suite 201

City Fort Lauderdale FL Zip Code 33306

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D	PRISTO, ROBERT E <input type="checkbox"/> Delete
STREET ADDRESS 218 COMMERCIAL BLVD., #204	
CITY-ST-ZIP LAUDERDALE-BY-SEA, FL 33308	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 2132 E Oakland Park Blvd, Suite 201	
CITY-ST-ZIP Fort Lauderdale Fla 33306	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: Victoria I Pristo Date: 2/12/04 Daytime Phone #: 954-771-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR