


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90225 007 \*\*\*150.00

<b>DOCUMENT # L36611</b>			
1. Entity Name <b>PRESTON, INC.</b>			
Principal Place of Business <b>2132 E. OAKLAND PARK BLVD., STE 201 FORT LAUDERDALE, FL- 33306 US</b>		Mailing Address <b>2132 E. OAKLAND PARK BLVD., STE 201 218 COMMERCIAL BLVD. SUITE 203 FORT LAUDERDALE, FL 33306 US</b>	
2. Principal Place of Business		3. Mailing Address <i>2132 E Oakland Park Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>201</i>	
City & State		City & State <i>Fort Lauderdale, Fla</i>	
Zip	Country	Zip	Country
<i>33306</i>		<i>33306</i>	<i>Florida</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PRISTO, VICTORIA I. 2132 E. OAKLAND PARK BLVD., STE 201 FORT LAUDERDALE, FL 33306		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



01072005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0163170** Applied For  
Not Applicable

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> PRISTO, ROBERT E 2132 E. OAKLAND PARK BLVD., STE 201 FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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:** *Robert Pristo* **1/7/05** **954-771-6600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #