2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

ANNUAL REPORT (AR)					FILED	
DOCUMENT # M62289					Feb 12, 2004 08:00 AM Secretary of State	
PRESTAN	IO CORP.					
Principal Place of Business		Mailing Address		e		
7105 S.W. 47 ST. UNIT 401 MIAMI FL 33155		7105 S.W. 47 ST. UNIT 401 MIAMI FL 33155				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt #, etc		Suite, Apr. #, etc			MOORE CR2E034 (11/03)	
City & State		City & State			4. FEI Number 65-0016764 Applied For Not Applicable	
Zip	Country Zsp Co		Count	гу	5. Certificate of Status Desired	
	6. Name and Address of Curren	Registered Agent	***	Name	7. Name and Address of New Registered Agent	
JIMENO, GABRIEL				Street Address (P.O. Box Number is Not Acceptable)	
	95 S.W. 47 ST. T 401				33-005 (1.5) Del 10-10-10-10-10-10-10-10-10-10-10-10-10-1	
MIAMI FL 33155			ļ			
				City	FL Zip Code	
	e named entity submits this statement f trions of registered agent.	or the purpose of changing	its registere	d office or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (N	IOTE Registered	Agent signature required	d when roinstating) DATE	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2004 Fee will be \$550.00 ik Payable to Florida Department of	d State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10	OFFICERS AND	DIRECTORS	_ 11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	P JIMENO, GABRIEL	Delete	33TEE NAMI		☐ Change ☐ Addition	
STREET ADDRESS	1429 SW 139TH AVE.		STRE	ET ADDRESS	000000049248 02/13/04-80016-001 150.00 TET	
CRTY-ST-ZIP	MIAM! FL	☐ Delete	DITE	-ST-BP	Change Addition	
NAME	JIMENO, CARIDAD	C Pelete	NAM	E		
STREET ADDRESS CITY-ST-ZIP	1429 SW 139TH AVE.			ET ADDRESS - ST- ZIP		
TITLE		☐ {}elele	TITLE	:	Change Addition	
NAME STREET ADDRESS			NAM STRE	E ET ADDRESS		
CITY- ST- ZIP				-ST-ZIP		
THILE		Delete	TITLE NAM		Change Addition	
NAME STREET ADDRESS				et adoress		
CITY-ST-ZIP			CHTY	-ST-ZIP		
NAME		Delete	TETLE NAM	3	☐ Change ☐ Addition	
STREET ADDRESS			STRE	ET ADDRESS		
CITY-ST-ZIP				-ST-ZiP		
NAME		☐ Delete	TITLE NAM	3	☐ Change ☐ Addition	
STREET ADDRESS				ET AODRESS		
CITY-ST-ZIP	certify that the information consiled to	th this filing does not qualify		-ST-ZIP	ection 119.07(3)(i). Florida Statules Thuther certify that the information	
i or the co	orporation of the receiver of trustee em d, or on an attachment with an address	owered to execute this rep	xorr as recu:	ture shall have the red by Chapter 60	ection 119.07(3)(f), Florida Statules. I further certify that the information same legal effect as if made under oath, that I am an officer or director 17, Florida Statutes, and that my name appears in Block 10 or Block 11 if	

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #