

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90247 049 \*\*\*158.75

**DOCUMENT # P00000028809**

1. Entity Name  
**PRESTIGE ELEVATOR CO.**



Principal Place of Business

12400 NW 124TH ST RD  
STE 106  
MEDLEY, FL 33166

Mailing Address

12400 NW 124TH ST RD  
STE 106  
MEDLEY, FL 33166

2. Principal Place of Business - No P.O. Box #

10000 NW 124TH ST. RD.

3. Mailing Address

10000 NW 124TH ST. RD

Suite, Apt. #, etc.

SUITE 106

Suite, Apt. #, etc.

SUITE 106

City & State

medley, FL 33166

City & State

medley, FL

Zip

33178

Country

U.S.A.

Zip

33178

Country

U.S.A.

01052007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0998191

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, IDA M  
610 NW 206TH AVE  
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

*Ida M Garcia*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/5/07

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	P	<input type="checkbox"/> Delete
NAME	GARCIA, JORGE L	
STREET ADDRESS	610 NW 206TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WIFREDO, MEDINA	
STREET ADDRESS	1165 SW 117TH WAY	
CITY-ST-ZIP	DAVIE, FL 33025	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEDINA, MAYRA	
STREET ADDRESS	11655 SW 117TH WAY	
CITY-ST-ZIP	DAVIE, FL 33025	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARCIA, IDA M	
STREET ADDRESS	610 NW 206TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
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 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	
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 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:

*Ida M Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07

305-889-1241

Date

Daytime Phone #