
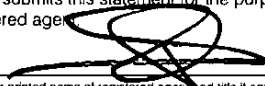

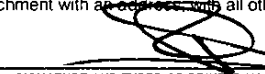



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90001 006 ***150.00

DOCUMENT # P0000095131			
1. Entity Name PRESTIGE HOMES DEVELOPMENT, INC.			
Principal Place of Business 1010 SEMINOLE DRIVE 1201 FORT LAUDERDALE, FL 33304		Mailing Address 2624 NE 15 TH ST 1219 FORT LAUDERDALE, FL 33304	
2. Principal Place of Business - No P.O. Box # 2624 NE 15 TH ST		3. Mailing Address 2624 NE 15 TH ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT LAUDERDALE, FL		City & State FT LAUDERDALE, FL	
Zip 33304		Country US	
Country FL		Country US	
6. Name and Address of Current Registered Agent ISRAEL, DOV 1010 SEMINOLE DRIVE 1210 FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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.		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  Signature, typed or printed name of registered agent, and title if applicable.		SIGNATURE  Signature, typed or printed name of registered agent, and title if applicable.	
DATE 9-2-08		DATE 9-2-08	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISRAEL, DOV	NAME	
STREET ADDRESS	1010 SEMINOLE DRIVE 1210 2624 NE 15 TH ST	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE:  Date	
		Date 9-2-08	
		Daytime Phone # 754-234-8225	