

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000071582

FILED
Jul 29, 2008
Secretary of State

Entity Name: PRENTICE CORPORATION

Current Principal Place of Business:

5820 W CYPRESS ST STE B
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

5820 W CYPRESS ST STE B
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3732828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, ALEIDA
5820 W CYPRESS ST STE B
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRUZ, ALEIDA
Address: 5820 B W CYPRESS ST STE B
City-St-Zip: TAMPA, FL 33607 US

Title: D () Delete
Name: AFIELD, WALTER E
Address: 5820 W CYPRESS ST STE B
City-St-Zip: TAMPA, FL 33607 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DR. (X) Change () Addition
Name: AFIELD, WALTER E
Address: 5820 W CYPRESS ST STE B
City-St-Zip: TAMPA, FL 33607 US

Title: MR. () Change (X) Addition
Name: CRUZ, ERNESTO
Address: 14909 EVERSHINE STREET
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEIDA CRUZ

Electronic Signature of Signing Officer or Director

MRS.

07/29/2008

Date