

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

04-19-2004 90273 043 ***150.00

DOCUMENT # P02000125997 1. Entity Name PRESTON COMMERCIAL GROUP, INC.					
Principal Place of Business 100 NW 70 AVE FIRST FLOOR PLANTATION, FL 33317			Mailing Address 218 COMMERCIAL BLVD #204 LAUDERDALE BY THE SEA, FL 33308		
2. Principal Place of Business 2132 E Oakland Park Blvd Suite, Apt. #, etc. 201 City & State Fort Lauderdale FL Zip 33306		3. Mailing Address 2132 E Oakland Park Blvd Suite, Apt. #, etc. 201 City & State Fort Lauderdale FL Zip 33306		02262004 Chg-P CR2E034 (10/03) 4. FEI Number 54-2099963 Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHEPARD & LESKAR, P.A. 100 NW 70 AVE FIRST FLOOR PLANTATION, FL 33317		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRISTO-REVIER, VICTORIA 100 NW 70 AVE FIRST FLOOR PLANTATION, FL 33317	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2132 E Oakland Park Blvd, Suite 201 Fort Lauderdale, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JANET 100 NW 70 AVE FIRST FLOOR PLANTATION, FL 33317	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2132 E Oakland Park Blvd, Suite 201 Fort Lauderdale, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Janet Brown</u> 05/12/04 954-771-6600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					