

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000125997**

**1. Entity Name**  
PRESTON COMMERCIAL GROUP, INC.



**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90225 006 \*\*\*158.00

**Principal Place of Business**  
2132 E OAKLAND PARK BLVD  
201  
FORT LAUDERDALE, FL 33306

**Mailing Address**  
2132 E OAKLAND PARK BLVD  
201  
FORT LAUDERDALE, FL 33306



01052005 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
54-2099963

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SHEPARD & LESKAR, P.A.  
100 NW 70 AVE FIRST FLOOR  
PLANTATION, FL 33317

**DO NOT WRITE  
IN THIS SPACE**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	PRISTO-REVIER, VICTORIA
<b>STREET ADDRESS</b>	2132 E OAKLAND PARK BLVD
<b>CITY-ST-ZIP</b>	FORT LAUDERDALE, FL 33306
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	BROWN, JANET
<b>STREET ADDRESS</b>	2132 E OAKLAND PARK BLVD
<b>CITY-ST-ZIP</b>	FORT LAUDERDALE, FL 33306
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05 954-771-6600  
Date Daytime Phone #