

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 30, 2004 8:00 am
Secretary of State

07-19-2004 90008 021 ***150.00

DOCUMENT # P03000042405 1. Entity Name PRIZE PROPERTY II, INC.					
Principal Place of Business 1414 NW 107 AVE STE 401 MIAMI, FL 33172			Mailing Address 1414 NW 107 AVE STE 401 MIAMI, FL 33172		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-0012953				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				07012004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GUESTA, GEORGE L 4444 NW 107 AVE STE 401 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name RENE DIAZ, ESQ. Street Address (P.O. Box Number is Not Acceptable) 2 Alhambra Plaza, Suite 860 City Coral Gables FL Zip Code 33134		
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 <i>[Signature]</i> Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when retaking) DATE 7/8/04			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD CUESTA, MICHAEL 1414 NW 107 AVE STE 401 MIAMI, FL 33172	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUESTA, WILLIAM C 1414 NW 107 AVE STE 401 MIAMI, FL 33172	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUESTA, GEORGE L 1414 NW 107 AVE STE 401 MIAMI, FL 33172	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 07/08/04 (307) 270-3731			