

P03000042846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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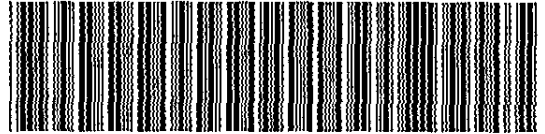
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P03000042846
HB RA/Rs
10-27-03



October 25, 2003

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed you will find the Resignation of Registered Agent of Mr. Jorge Mengotti of Prestige and Design, Inc. Enclosed is also the check No 1118 in the amount of \$87.50 to cover the filing fee.

Your prompt attention to this matter will be greatly appreciated.

If you need further details please do not hesitate to contact us or directly to Mr. Jorge Mengotti.

Sincerely,

Luis Morales
President

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRESTIGE AND DESIGN, INC.

(Name of Corporation)

DOCUMENT NUMBER: 903000042846

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE MENGOTTI

(Name of Person)

(Name of Firm/Company)

9800 SHERIDAN ST. # 307

(Address)

PEMBROKE PINES, FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE MENGOTTI

(Name of Person)

at (954) 303-2701

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, JORGE MENGOTTI

(Name of Registered Agent)

hereby resigns as Registered Agent for PRESTIGE AND DESIGN, INC.

(Name of Corporation)

P03000042846

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

03 OCT 31 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314