

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

07-29-2004 90001 027 ***150.00

DOCUMENT # P03000096339 1. Entity Name PRESTIGE PAPER RECYCLING, INC.			
Principal Place of Business 10233 NW 9TH STREET CIRCLE #206 MIAMI, FL 33172		Mailing Address 10233 NW 9TH STREET CIRCLE #206 MIAMI, FL 33172	
2. Principal Place of Business 2474 NW 89 DRIVE Suite, Apt. #, etc.		3. Mailing Address 2474 NW 89 DRIVE Suite, Apt. #, etc.	
City & State CORAL SPRINGS, FL Zip 33065 Country USA		City & State CORAL SPRINGS, FL Zip 33065 Country USA	
4. FEI Number 20-0200741		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIBERTY BUSINESS SERVICES, INC. 8202 NW 103RD STREET HIALEAH GARDENS, FL 33016		7. Name and Address of New Registered Agent Name MARCO A. SUAREZ Street Address (P.O. Box Number is Not Acceptable) 2474 NW 89 DRIVE City CORAL SPRINGS FL Zip Code 33065	
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: 7/7/04			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	PD SUAREZ, MARCOS 10233 NW 9TH STREET CIRCLE #206 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ, MARCO A. 2474 NW 89 DRIVE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUAREZ, PAMELA CHRISTINE 2474 NW 89 DRIVE CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUAREZ, PAMELA CHRISTINE 2474 NW 89 DRIVE CORAL SPRINGS, FL 33065
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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:		DATE: 7/7/04	