

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000036311

1. Entity Name
PRESTIGE GROUP HOME, INC.



Principal Place of Business
**6455 NW. FAVIAN COURT
PORT ST. LUCIE, FL 34986 US**

Mailing Address
**6455 NW. FAVIAN COURT
PORT ST. LUCIE, FL 34986 US**



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1997518

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANTOINE, MARIE M
6455 FAVIAN COURT
PORT ST. LUCIE, FL 34986**

**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 *Marie M Antoine*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000816026
02/14/08-80032-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/P
ANTOINE, MARIE M
2114 SE. BISBEE STREET
PORT ST. LUCIE, FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/VP
SEMEXANT, BIEL
2114 SE. BISBEE STREET
PORT ST. LUCIE, FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
GEORGES, TANYA
6455 N.W. FAVIAN CT
PORT ST. LUCIE, FL 34986**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/30/08
Date

Daytime Phone #