

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P04000109131

1. Entity Name
PRESTIGE VENTURES, INC.



Principal Place of Business
6323 RIDGE TOP DR
NEW PORT RICHEY, FL 34655

Mailing Address
6323 RIDGE TOP DR
NEW PORT RICHEY, FL 34655



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1421400

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LI, MATTHEW W
6323 RIDGE TOP DR
NEW PORT RICHEY, FL 34655

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000759148
05/24/07-80031-005 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME LI, MATTHEW W
STREET ADDRESS 6323 RIDGE TOP DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE D
NAME DEAN, DERRECK K
STREET ADDRESS 2287 PRIMROSE LANE #1905
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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: *M*

MATTHEW LI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07

Date

724-488-6079

Daytime Phone #