


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90014 001 ***150.00

DOCUMENT # P04000131656
 1. Entity Name
PRESTIGE ENTERPRISES UNLIMITED, INC.



Principal Place of Business Mailing Address
521 PINELLAS BAYWAY #105 **521 PINELLAS BAYWAY #105**
TIERRA VERDE, FL 33715 US **TIERRA VERDE, FL 33715 US**

50000900



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01032005 Chg-P CR2E034 (10/03)

City & State City & State
 - Zip - Country - Zip - Country

4. FEI Number
 EIN 20-1646646 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ROSE, DARREL W
521 PINELLAS BAYWAY
#105
TIERRA VERDE, FL 33715

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSE, DARREL W	
STREET ADDRESS	521 PINELLAS BAYWAY, #105	
CITY-ST-ZIP	TIERRA VERDE, FL 33715	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSE, JUDITH A	
STREET ADDRESS	521 PINELLAS BAYWAY, #105	
CITY-ST-ZIP	TIERRA VERDE, FL 33715	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	ROSE, JUDITH A	
STREET ADDRESS	521 PINELLAS BAYWAY, #105	
CITY-ST-ZIP	TIERRA VERDE, FL 33715	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	ROSE, DARREL W	
STREET ADDRESS	521 PINELLAS BAYWAY, #105	
CITY-ST-ZIP	TIERRA VERDE, FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Darrel Rose* Darrel Rose 01/05/05 (722) 8646616
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #