


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000098400	
1. Entity Name PRESTIGE TRANSMISSION, CORP.	

Principal Place of Business 4110 NW 135TH STREET OPA LOCKA, FL 33054-4612	Mailing Address 4110 NW 135TH STREET OPA LOCKA, FL 33054-4612
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3151297	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SALAZAR, ARTURO 4110 NW 135TH STREET OPA LOCKA, FL 33054-4612	
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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]* **04-23-07** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW IN FEE IS \$100.00 After May 1, 2007 Fee will be \$650.00	Trust Fund Contribution <input type="checkbox"/> \$5.00 Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALAZAR, ARTURO 4110 NW 135TH STREET OPA LOCKA, FL 330544612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALASAI, IRMA 4110 NW 135TH ST OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZUNIGA, RAYMUNDO R 4110 NW 135TH ST OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/11/07-80015-007 150.00

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]* **04-23-07** **305-187-0370** DATE Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR