

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90022 003 \*\*\*150.00

**DOCUMENT # P06000063990**

1. Entity Name  
**PRESTIGE CARS INC.**



Principal Place of Business  
**7641 WEST COUNTRY CLUB BLVD  
BOCA RATON, FL 33487 US**

Mailing Address  
**7641 WEST COUNTRY CLUB BLVD  
BOCA RATON, FL 33487 US**

**50000574**



2. Principal Place of Business - No P.O. Box #  
**2275 S. FEDERAL HWY**  
Suite, Apt. #, etc.  
**SUITE #160**  
City & State  
**DELRAY BEACH, FL**  
Zip  
**33483** Country  
**USA BEACH**

3. Mailing Address  
**2275 S. FEDERAL HWY**  
Suite, Apt. #, etc.  
**SUITE #160**  
City & State  
**DELRAY BEACH, FL**  
Zip  
**33483** Country  
**PALM BEACH**

01162007 Chg-P CR2E034 (12/06)

4. FEI Number  
**90-0280421** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**KWASNIAK, MIROSLAW W  
7641 WEST COUNTRY CLUB BLVD  
BOCA RATON, FL 33487**

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 \_\_\_\_\_  
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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KWASNIAK, MIROSLAW W 7641 WEST COUNTRY CLUB BLVD BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KWASNIAK, LUKASZ A 7641 WEST COUNTRY CLUB BLVD BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

**1/17/07**  
Date

Daytime Phone #