## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000054498

Entity Name: PRESTIGE MANAGEMENT SOLUTIONS, INC

FILED Feb 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 160 NW 176 STREET 160 NW 176 STREET **SUITE 400-2** SUITE 305 MIAMI, FL 33169 MIAMI, FL 33169 **Current Mailing Address: New Mailing Address:** 160 NW 176 STREET 160 NW 176 STREET **SUITE 400-2** SUITE 305 MIAMI, FL 33169 MIAMI, FL 33169 US FEI Number: 26-2736884 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HIGH END INCOME TAX & ACCTG SRVCS 4200 NW 16TH ST SUITE 600-A LAUDERHILL, FL 33313 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition

SMITH, DENISE Name: Name: SMITH, DENISE 160 NW 176 ST UNIT 400-2 160 NW 176 ST UNIT 305 Address: Address: City-St-Zip: MIAMI, FL 33169 US City-St-Zip: MIAMI, FL 33169 US Title: VPD Title: () Delete () Change () Addition Name: STANLEY, SIMON Name: **5867 SW 21ST STREET** Address: Address: HOLLYWOOD, FL 33023 US City-St-Zip: City-St-Zip:

 Title:
 SD
 (X) Delete
 Title:

 Name:
 SENIOR, TYRONE
 Name:

 Address:
 5867 SW 21ST STREET
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33023 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE SMITH P 02/06/2009

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