


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000002886 1. Entity Name PRAIRIE GOTHIC DEVELOPMENT CORPORATION	
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Principal Place of Business 4501 PRAIRIE AVENUE MIAMI BEACH, FL 33140	Mailing Address 4501 PRAIRIE AVENUE MIAMI BEACH, FL 33140
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0392125	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WEINTRAUB, ARLEEN R
4501 PRAIRIE AVENUE
SUITE #1
MIAMI BEACH, FL 33140

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000011252 01/23/04-80029-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WEINTRAUB, ARLEEN R 4501 PRAIRIE AVE., APT #1 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, PHILIP G 4501 PRAIRIE AVE., APT #5 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SALINAS, SILVIA 4501 PRAIRIE AVE., APT #6 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, FRANCISCO 4501 PRAIRIE AVE APT 4 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Arleen R. Weintraub, President 1/23/04 305-672-8929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR