2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000014931

1. Entity Name
PRESTIGE AUTO SPECIALISTS, INC.

Principal Place of Business	Mailing Address
6601 LYONS ROAD #1-3 COCONUT CREEK, FL 33073 US	10169 BROOKVILLE LANE BOCA RATON, FL 33434 US

DO NOT WRITE IN THIS SPACE

03282006   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0390583

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SERRATO, MARCELLO
101 69 BROOKVILLE LN
BOCA RATON, FL 33428

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6. 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, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	000nnn490832 04/18/06-00073-001 158.75

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SERRATO, MARCELLO
STREET ADDRESS	10169 BROOKVILLE LN
CITY-ST-ZIP	BOCA RATON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _MARCELLO SERRATO_ 3/28/2006 (954)428-6689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #