

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000051652

1. Entity Name
PRESTIGE ENTERPRISE GROUP INC.



Principal Place of Business

1023 NW 3RD AVE
MIAMI, FL 33136 US

Mailing Address

10101 COLLINS AVE
9 A
BAL HARBOUR, FL 33154 US

DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0425160

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YUKEN, SALOMON
1023 NW 3RD AVE
MIAMI, FL 33136

**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 _____

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000317371
05/13/08-80038-012 158.75

10. OFFICERS AND DIRECTORS

TITLE STD
NAME YUKEN, ROSA
STREET ADDRESS 10101 COLLINS AVE, #9A
CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154

TITLE PT
NAME YUKEN, INGRID
STREET ADDRESS 10101 COLLINS AVE, #9A
CITY-ST-ZIP BAY HARBOR, IS 33154

TITLE VP
NAME YUKEN, SALOMON
STREET ADDRESS 10101 COLLINS AVE, #9A
CITY-ST-ZIP BAY HARBOR ISL, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-08 (305) 374-4412