2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000083717

1. Entity Name
PRESTIGE REALTY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
730 S. ATLANTIC AVE. SUITE 103 ORMOND BEACH, FL 32176	PO BOX 2042 ORMOND BEACH, FL 32175 US

03252006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3214459

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, DS
3000 NO ATLANTIC AVE #5
DAYTONA BEACH, FL 32118

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	PATEL, D.S.
STREET ADDRESS	3000 NO. ATLANTIC AVE #5
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	D
NAME	PATEL, BINDA D
STREET ADDRESS	3000 N. ATLANTIC AVE #5
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	VPD
NAME	PATEL, ANITA D.
STREET ADDRESS	3000 NO. ATLANTIC AVE #5
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	SD
NAME	NAGY, INGRID
STREET ADDRESS	23 CLEARY AVE
CITY-ST-ZIP	BUTLER, NJ 07405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000483029
04/11/06-80100-002 158.75

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: D.S. PATEL 3/25/06 386-679-0322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #