


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P94000003748</b> 1. Entity Name PRESTIGE UNIVERSAL CORP.	
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Principal Place of Business 12360 SW 132 CT STE 204 MIAMI, FL 33186 US	Mailing Address 12360 SW 132 CT STE 204 MIAMI, FL 33186 US
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**DO NOT WRITE IN THIS SPACE**

05032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0506107	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CARRUITERO, CARLOS E  
12360 SW 142ND CT  
STE 204  
MIAMI, FL 33186

**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRUITERO, CARLOS E 13820 SW 202ND AVE MIAMI, FL 33196
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400136159494  
09/19/08--01044--020 \*\*150.00

**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 all other like empowered.

SIGNATURE:  **8/28/2008** **(305) 506-2222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
08 SEP 19 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



9/19/08