2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000011114						Feb 18, 2004 08:00 AM				
1. Entity Name PROSPERITY INVESTMENTS, INC.						Secretary of State				
111001 E	arr avecraento, avo.			185						
Principal Place of Business Mailing Address										
2601 SOUT	H ATLANTIC AVE. BEACH SHORES FL 32118	2601 SOUTH ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE C	R2E034 (1	1/03)		
City & State		City & State		4	59-3293487		<del></del>	olied For Applicable		
Zip	Country Zip		Coul	ntry	5	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curren	t Registered Agent	• • • • • • • • • • • • • • • • • • • •	Name	7.	. Name and Address of New Reg	istered Age	nt		
CHOU, VICTORIA 2601 S. ATLANTIC AVE.				Street Address (P.O. Box Number is Not Acceptable)						
DA	YTONA BEACH SHORE FL	2118				<u> </u>		<del></del>	· +	
				City			FL	Zip Code		
	e named entity submits this statement tions of registered agent.	or the purpose of changing	ng its register	red office or re	egistered	agent, or both, in the State of Florid	da. I am fam	liar with, a	and accept	
SIGNATURE							_			
SIGNATORE	Signature, typed or printed name of registered agen	it and title if applicable	(NOTE, Register	ed Agent signature	required whe	en reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						<ol> <li>Election Campalgn Finar Trust Fund Contribution.</li> </ol>	ncing	<b>\$5.00</b> Added	May Be to Fees	
10.	OFFICERS AN		11.	<u> </u>		ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTORS	IN 11	
TITLE NAME	P CHOU, VICTORIA	☐ Delete	TITI NAM					Change	☐ Addition	
STREET ADDRESS 2601 S. ATLANTIC AVE.		20110	STREE			U00000055869 02/18/04-80021-019 150.00		. – ì		
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	Delete	TITI	Y-ST-73P		001 10101 000		Change	Addition	
NAME		□ Delcte	NAM	AE.			<u></u>	Onungo		
STREET ADORESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP						
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NAME			NA)	. 1						
STREET ADDRESS CITY+ST-ZIP				Y-ST-ZIP						
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STREET ADDRESS			STF	EET ADDRESS						
CITY-ST-ZIP		D Daleto	CIT	Y-ST-ZIP				Change	☐ Addition	
TITLE NAME	-	☐ Delete	NAI	ME {			<del></del>	न्मक्यानिट	noonion	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP						
12. I hereby	certify that the information supplied widen this report or supplemental report	th this filing does not qual	ify for the ex	emption state	d in Section	on_1 19.07(3)(i), Florida Statutes. I fo	unher certify	hat the in	formation	
I of the co	on this report or supplemental report rporation or the receiver or trustee em i, or on an attachment with an address	powered to execute this re	eport as requ	ired by Chap	iter 607, Fl	lorida Statutes; and that my name	appears in Bi	ock 10 or	Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR

SIGNATURE: \_

EII ED

2/13/04

Daytime Phone #