## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P95000084801

1. Entity Name

PRESTIGE INVESTMENTS ENTERPRISES CORP.



Principal Place of Business

2199 NW SOUTH RIVER DR MIAMI, FL 33125 US Mailing Address

2945 NW 21TERR MIAMI, FL 33142

142 US

## FILED Apr 17, 2008 8:00 am Secretary of State

04-17-2008 90009 035 \*\*\*150.00

40069216



01032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0626539

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOSE TESUS

BABUN, <del>JOSR J</del> 2945 NW 21 TERRACE MIAMI, FL 33142

## DO NOT WRITE IN THIS SPACE

	A. 3				
8. The above the obligat	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	ed office or register	ed agent, or both, in the State of Flori	da. I am familiar with, and accept
SIGNATURE_	*- 4.				
	Signature, typed or printed name of registered egent and title if	applicable. (NOTE: Registered	d Agent signature required	when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		00 May Be and to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BABUN-SELMAN, JOSE 3160 NW 14TH ST MIAMI, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BABUN, JOSE JESUS 12711 NW 6TH ST MIAMI, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BABUN, SARA CRISTINA 9250 SW 69TH ST MIAMI, FL	-		DO NOT WI	RITE
TITLE , NAME STREET ADDRESS CITY-ST-ZIP .				IN THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			e i a min		
TITLE	·		I .	the state of the s	

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:

NAME STREET ADDRESS CITY-ST-ZIP

MIGHATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BABUN 4-3-08

Daytime Phone #