2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000013408

1. Entity Name

PRESTIGE ELECTRONICS, INC.



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

6431 SW 94TH AVE MIAMI, FL 33173 Mailing Address

6431 SW 94TH AVE MIAMI, FL 33173



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04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0654654

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAYON, SEBASTIAN 6431 S.W.W 94 AVE MIAMI, FL 33173

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the obligations of registered agent.	purpose or cr	nanging its registered onice o	r registered agent, or both, i	п (пе эдае о: гюноа. Тал тапынаг уни, апо а	rcept
Signature typed or printed name of registered agent and till	tie if applicable.	(NOTE: Registered Agent signa	ture required when rainstating)	DATE	_
	9 Flecti	on Campaign Financing	\$5 00 u.s		

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

 Election Campaign Financin Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS VPD TITLE BAYON, SEBASTIAN NAME STREET ADDRESS 6431 SW 94 AVE CITY-ST-ZIP MIAMI, FL 33173 TITLE BAYON, MAIRA NAME STREET ADDRESS 6431 SW 94 AVE CITY - ST-ZIP MIAMI, FL 33173 THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-2IP

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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 at other like empowered.

SIGNATURE:

ATTIRE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date Doctore Phone #