

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90001 036 ***550.00

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1. Entity Name
PRESTIGE REAL ESTATE ASSOCIATES, INC.



Principal Place of Business
**7635 ASHLEY PARK COURT
SUITE 505
ORLANDO, FL 32835**

Mailing Address
**7635 ASHLEY PARK COURT
SUITE 505
ORLANDO, FL 32835**

54066265



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3540437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~CONSTANTINE, JAN~~
**7635 ASHLEY PARK COURT
SUITE 505
ORLANDO, FL 32835**

Jan C. Coudriet

**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

[Signature]

Jan C. Coudriet

7-9-4

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COUDRIET, RAYMOND T JR.
STREET ADDRESS	6001 MASTERS BLVD
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	CONSTANTINE, JAN <i>Jan C. Coudriet</i>
STREET ADDRESS	6001 MASTERS BLVD
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* *Jan C. Coudriet* *7-9-4* *407-523-2002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #