

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036635

FILED
Jan 09, 2004
Secretary of State

Entity Name: PRESTIGESERVICE TRAVEL, INC.

Current Principal Place of Business:

10300 SW 72ND ST
427
MIAMI, FL 331733021 US

New Principal Place of Business:

10300 SW 72ND ST
420
MIAMI, FL 331733021 US

Current Mailing Address:

P.O. BOX 831892
MIAMI, FL 332831892 US

New Mailing Address:

FEI Number: 65-0913182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SQUILLANTE, JOHN E
10300 SW 72ND ST.
427
MIAMI, FL 331733021 US

Name and Address of New Registered Agent:

SQUILLANTE, JOHN E
10300 SW 72ND ST.
420
MIAMI, FL 331733021 US

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.

SIGNATURE: JOHN SQUILLANTE

01/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SQUILLANTE, JOHN E
Address: 10300 SW 72 ST., SUITE 427
City-St-Zip: MIAMI, FL 331733021 US

Title: VD () Delete
Name: SQUILLANTE, JASON R
Address: 10300 SW 72 ST., SUITE 427
City-St-Zip: MIAMI, FL 331733021 US

Title: STD () Delete
Name: SQUILLANTE, MARK D
Address: 10300 SW 72 ST., SUITE 427
City-St-Zip: MIAMI, FL 331733021 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SQUILLANTE

PRES

01/09/2004

Electronic Signature of Signing Officer or Director

Date