


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000043401 1. Entity Name J & P PRESTIGE CORPORATION	
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Principal Place of Business 7308 BELLE MEADE ISLES MIAMI, FL 33138	Mailing Address 7308 BELLE MEADE ISLES MIAMI, FL 33138
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0920029	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERECHAY, BRIDGETTE 100 N BISCAYNE BLVD #2904 MIAMI, FL 33132	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERNINCK, PAUL 100 BISCAYNE BLVD., #2904 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINON, MARIE L 100 BISCAYNE BLVD., #2904 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TERNINCK, JANINE 100 BISCAYNE BLVD. #2904 MIAMI, FL 33132
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01/15/04-80018-004 150.00

**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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #