
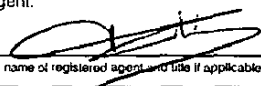



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90397 041 \*\*\*150.00

<b>DOCUMENT # P99000043401</b>					
<b>1. Entity Name</b> <b>J &amp; P PRESTIGE CORPORATION</b>					
<b>Principal Place of Business</b> 7308 BELLE MEADE ISLES MIAMI, FL 33138			<b>Mailing Address</b> 7308 BELLE MEADE ISLES MIAMI, FL 33138		
<b>2. Principal Place of Business</b> 12901 Biscayne Bay Drive Suite, Apt. #, etc.		<b>3. Mailing Address</b> 12901 Biscayne Bay Drive Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, FL		<b>4. FEI Number</b> 65-0920029	
<b>Zip</b> 33181		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BERECHAY, BRIDGETTE 100 N BISCAYNE BLVD #2904 MIAMI, FL 33132			<b>7. Name and Address of New Registered Agent</b> Name: <u>Terninck, Paul</u> Street Address (P.O. Box Number is Not Acceptable): <u>12901 Biscayne Bay Drive</u> City: <u>Miami</u> <b>FL</b> Zip Code: <u>33181</u>		
<b>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.</b>					
<b>SIGNATURE:</b>  (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE</span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> TERNINCK, PAUL <b>STREET ADDRESS</b> 100 BISCAYNE BLVD., #2904 <b>CITY-ST-ZIP</b> MIAMI, FL 33132	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Terninck, Paul <b>STREET ADDRESS</b> 12901 Biscayne Bay Drive <b>CITY-ST-ZIP</b> Miami, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> MARTINON, MARIE L <b>STREET ADDRESS</b> 100 BISCAYNE BLVD., #2904 <b>CITY-ST-ZIP</b> MIAMI, FL 33132	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> Martinon, Marie <b>STREET ADDRESS</b> 12901 Biscayne Bay Drive <b>CITY-ST-ZIP</b> Miami, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> TERNINCK, JANINE <b>STREET ADDRESS</b> 100 BISCAYNE BLVD. #2904 <b>CITY-ST-ZIP</b> MIAMI, FL 33132	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> Terninck, Janine <b>STREET ADDRESS</b> 12901 Biscayne Bay Drive <b>CITY-ST-ZIP</b> Miami, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					