

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90041 011 ***158.75

DOCUMENT # P99000043401

1. Entity Name

J & P PRESTIGE CORPORATION



Principal Place of Business

12901 BISCAYNE BAY DR
MIAMI FL 33181

Mailing Address

12901 BISCAYNE BAY DR
MIAMI FL 33181



2. Principal Place of Business - No P.O. Box #

250 N. HIBISCUS DR

3. Mailing Address

250 N. HIBISCUS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

MIAMI beach. FL

City & State

MIAMI BEACH. F.L.

4. FEI Number

65-0920029

Applied For

Not Applicable

Zip

Country

33.139

Zip

Country

33.139

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERNIACK, PAUL
12901 BISCAYNE BAY DR
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

TERNINCK PAUL

Street Address (P.O. Box Number is Not Acceptable)

250 N. HIBISCUS DR.

City

MIAMI Beach

FL

Zip Code

33139

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

(NOTE: Registered Agent signature required when reinstating)

01/25/07
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME TERNINCK, PAUL
STREET ADDRESS 12901 BISCAYNE BAY DR
CITY ST ZIP MIAMI FL 33181 ☐ Delete

TITLE VP
NAME MARTINON, MARIE L
STREET ADDRESS 12901 BISCAYNE BAY DR
CITY ST ZIP MIAMI FL 33181 ☐ Delete

TITLE S
NAME TERNINCK, JANINE
STREET ADDRESS 12901 BISCAYNE BAY DR
CITY ST ZIP MIAMI FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
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CITY ST ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE:

TERNINCK PAUL

01/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #