


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90013 007 \*\*\*150.00

<b>DOCUMENT # P99000097845</b>			
1. Entity Name <b>PRESTIGE PATIOS, INC.</b>			
Principal Place of Business <b>12510 SOUTHWEST 114TH AVENUE MIAMI FL 33176</b>		Mailing Address <b>12510 SOUTHWEST 114TH AVENUE MIAMI FL 33176</b>	
2. Principal Place of Business <b>18060 SW 228 ST.</b>		3. Mailing Address <b>18060 SW 228 ST.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL.</b>		City & State <b>MIAMI, FL.</b>	
Zip <b>33170</b>	Country <b>USA</b>	Zip <b>33170</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>COOPER, JON 12510 S.W. 114TH AVE MIAMI FL 33176</b>		7. Name and Address of New Registered Agent Name <b>Jon Cooper</b> Street Address (P.O. Box Number is Not Acceptable) <b>18060 SW 228 ST.</b> City <b>MIAMI</b> FL <b>33170</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.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COOPER, JON K 12510 SOUTHWEST 114TH AVENUE MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Cooper, Jon K 18060 SW 228 ST. MIAMI, FL. 33170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Jon K. Cooper</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>2/14/04 (305) 724-6870</b> Daytime Phone #	

34011007



MOORE CR2E034 (11/03)

4. FEI Number **65-0106344** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**