

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005078

FILED  
Jul 09, 2009  
Secretary of State

Entity Name: MILE HI VALET SERVICE, INC.

**Current Principal Place of Business:**

1617 SOUTHEAST 17TH STREET  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

ONE PARK PLACE  
SUITE 200  
ANNAPOLIS, MD 21401

**Current Mailing Address:**

10875 DOVER STREET  
SUITE 1100  
WESTMINSTER, CO 80021

**New Mailing Address:**

ONE PARK PLACE  
SUITE 200  
ANNAPOLIS, MD 21401

FEI Number: 84-0961184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATTERSON, ROGER K  
3280 PEACHTREE RD NW  
ATLANTA, FL 30305 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: PATTERSON, ROGER K  
Address: 3280 PEACHTREE RD NW  
City-St-Zip: ATLANTA, GA 30305

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SOUTH, JERRY B  
Address: ONE PARK PLACE, SUITE 200  
City-St-Zip: ANNAPOLIS, MD 21401

Title: SD ( ) Change (X) Addition  
Name: NICHOLS, DAVID A  
Address: ONE PARK PLACE, SUITE 200  
City-St-Zip: ANNAPOLIS, MD 21401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JANE LOUIS

POA

07/09/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date