


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90299 015 ***150.00

DOCUMENT # P0000037245

1. Entity Name
MDM PARKING SERVICES, INC.



Principal Place of Business
**1000 BRICKELL AVE., STE. 480
 MIAMI, FL 33131**

Mailing Address
**9090 S DADELAND BLVD
 SUITE 210
 MIAMI, FL 33156 US**

50043329



04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1000400 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MONROS, JOSE
 9090 S. DADELAND BLVD., STE 210
 MIAMI, FL 33156**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PULENTA, LUIS A
STREET ADDRESS	9090 S DADELAND BLVD
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	V
NAME	GLAS, RICARDO
STREET ADDRESS	9090 S DADELAND BLVD
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	S
NAME	JEREZ, ALEJANDRO
STREET ADDRESS	9090 S DADELAND BLVD
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	T
NAME	MONROS, JOSE
STREET ADDRESS	9090 S DADELAND BLVD
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____