


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90181 015 ***150.00

DOCUMENT # P00000037245

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
---	---

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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