


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000059000

1. Entity Name
 PARKCO, INC.



Principal Place of Business
 1428 BRICKELL AVENUE SUITE 105
 MIAMI, FL 33131

Mailing Address
 1428 BRICKELL AVENUE SUITE 105
 MIAMI, FL 33131



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1122977	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

M & W AGENTS, INC.
 2101 CORPORATE BLVD SUITE 107
 BOCA RATON, FL 33431

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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, 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	PD HALPRYN, GLENN L 1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HOERNER, JUDITH A 1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPRYN, ERNEST M 1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HURTADO, ELLISA 1428 BRICKELL AVE #105 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/28/06-80046-003 150.00

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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 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: Glenn L. Halpryn GLENN L. HALPRYN, PRESIDENT 02/06/2006 (305) 371-4112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #