


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90010 037 ***150.00

DOCUMENT # P02000104685
 1. Entity Name
SUNSET PARKING & TRANSPORTATION, INC.



Principal Place of Business Mailing Address
 115 LAKE EMERALD DRIVE #108 115 LAKE EMERALD DRIVE #108
 OAKLAND PARK, FL 33309 OAKLAND PARK, FL 33309

34024164

2. Principal Place of Business 3. Mailing Address
20973 SPRINGS TERRACE **20973 SPRINGS TERRACE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



02232004 Chg-P CR2E034 (10/03)

City & State City & State
BOCA RATON, FL **BOCA RATON, FL**

4. FEI Number Applied For
22-3873665 Not Applicable

Zip Country Zip Country
33428 **PALM BEACH** **33428** **PALM BEACH**

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

6. Name and Address of Current Registered Agent
JOSE DA SILVA, ORIVALDO
115 LAKE EMERALD DRIVE #108
OAKLAND PARK, FL 33309

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	JOSE DA SILVA, ORIVALDO	
STREET ADDRESS	115 LAKE EMERALD DRIVE #108	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOSE DA SILVA, ORIVALDO	
STREET ADDRESS	115 LAKE EMERALD DRIVE #108	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20973 SPRINGS TERRACE	
STREET ADDRESS	BOCA RATON, FL 33428	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20973 SPRINGS TERRACE	
STREET ADDRESS	BOCA RATON, FL 33428	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

02/24/04
 Date Daytime Phone #