## 2007 FOR PROFIT CORPORATION

Apr 27, 2007 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P98000019980 FIRST PARKING, INC. Principal Place of Business Mailing Address 3861 NE 15 AVE 3861 NE 15 AVE FORT LAUDERDALE, FL 33334 FORT LAUDERDALE, FL 33334 04242007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0820224 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent BOSTROM, PETER DO NOT WRITE 3861 NE 15 AVE OAKLAND PARK, FL 33334 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE BOSTROM, PETER STREET ADDRESS 3861 NE 15 AVE CITY-ST-ZIP OAKLAND PARK, FL 33334 U00000739712 05/14/07-80038-010 150.00 RILE 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 tegal 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.

| PRESIDENT | PRESID PRESIDENT

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

PETER BOSTROM

**FILED**