2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084679

Entity Name: FLORIDA PARKING SYSTEMS INC

14600 BISCAYNE BLVD.

MIAMI, FL 33181

Address: City-St-Zip: FILED May 26, 2004 Secretary of State

Littly Nai	me. PLORID	A FARRING 313	I LIVIO, IIVO.				
Current Principal Place of Business:				New Principal Place of Business:			
14600 BIS	SECURITY, CAYNE BLVI IAMI BEACH).					
Current Mailing Address:				New Mailing Address:			
14600 BIS	SECURITY, CAYNE BLVI IAMI BEACH).					
FEI Number:	: 65-0956919	FEI Number App	lied For () FEI No	ımber Not App	licable ()	Certificate of Status Desired	()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
201 S. BIS MIAMI, FL	CAYNE BLVI 33131 US			of changing i	ts reaiste	red office or registered agent, o	r both.
	e of Florida.	Submits this state	ment for the purpose	or changing i	to registe	rea office of registered agent, of	Dour,
SIGNATU							
	Electro	nic Signature of F	Registered Agent			Date	
		93(2)(b), F.S., the co ng Trust Fund Contr	rporation did not receive ibution ().	the prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (ALEXANDER, 14600 BISCA MIAMI, FL 33	YNE BLVD.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (ALEXANDER, 14600 BISCA MIAMI, FL 33	YNE BLVD.		Title: Name: Address: City-St-Zip:		(X) Change () Addition DER, ORLY SCAYNE BLVD. L 33181	
Title: Name:	VPT (NEWMAN, GI) Delete		Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ORLY ALEXANDER VP 05/26/2004