## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P02000086542 1. Entity Name PARK HIGH, INC. Mailing Address Principal Place of Business 123 SE 3RD AVENUE, #526 123 SE 3RD AVENUE, #526 MIAMI, FL 33131 MIAMI, FL 33131 No Chg-P CR2E034 (11/05) 02012006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3871588 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TAGUE, BRIAN P 201 S. BISCAYNE BLVD. **SUITE 2600** IN THIS SPACE MIAMI, FL 33131 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 Types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <del>U00000437558</del> 04/22/06-80058-024 150.00 \$5.00 May Be 8. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. · Added to Fees OFFICERS AND DIRECTORS 10. TITLE BATISTA, C NAME STREET ADDRESS 123 SE 3RD AVE #526 City-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS City-St-Zip TITLE MAME STREET ADDRESS DO NOT WRITE GITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 cath; 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE MAME STREET ADDRESS CITY-ST-ZIP

3-14-06

**FILED**