

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005078

Entity Name: MILE HI VALET SERVICE, INC.**Current Principal Place of Business:**ONE PARK PLACE
SUITE 200
ANNAPOLIS, MD 21401**Current Mailing Address:**ONE PARK PLACE
SUITE 200
ANNAPOLIS, MD 21401 US**FEI Number:** 84-0961184**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET SUITE 4
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	BERK, MICHAEL S.
Address	ONE PARK PLACE SUITE 200
City-State-Zip:	ANNAPOLIS MD 21401

Title	DIRECTOR
Name	KERIN, ANDREW
Address	ONE PARK PLACE SUITE 200
City-State-Zip:	ANNAPOLIS MD 21401

Title	DIRECTOR
Name	CHRIST, WILLIAM
Address	ONE PARK PLACE SUITE 200
City-State-Zip:	ANNAPOLIS MD 21401

Title	PRESIDENT
Name	KERIN, ANDREW
Address	ONE PARK PLACE SUITE 200
City-State-Zip:	ANNAPOLIS MD 21401

Title	CFO AND TREASURER
Name	MORGIONI, MICHAEL S.
Address	ONE PARK PLACE SUITE 200
City-State-Zip:	ANNAPOLIS MD 21401

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL S. MORGIONI**CFO AND TREASURER****04/24/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date