

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90031 004 \*\*\*150.00

**DOCUMENT # F03000004078**

1. Entity Name  
**CITYWIDE PARKING TICKET SERVICE, INC.**



Principal Place of Business  
**366 NORTH BROADWAY SUITE 410  
JERICHO, NY 11753**

Mailing Address  
**9405 SW 191 TERRACE  
DUNNELLON, FL 34432**

**40013223**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 410-13**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102006 Chg-P CR2E034 (11/05)

4. FEI Number  
**11-3288491**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIUCCIO, JOHN  
9405 SW 191 TERRACE  
DUNNELLON, FL 34432**

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

*John M. Miuccio*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/10/06*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **MIUCCIO, JOHN**  
STREET ADDRESS **9405 SW 191 TERR**  
CITY-ST-ZIP **DUNNELLON, FL 34432**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **MIUCCIO, ANNE M**  
STREET ADDRESS **9405 SW 191 TERR**  
CITY-ST-ZIP **DUNNELLON, FL 34432**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*John M. Miuccio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/10/06*  
Date

*516-850-1995*  
Daytime Phone #