

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90005 032 ***158.75

DOCUMENT # G24303

1. Entity Name

PARK A REAL ESTATE CORP. OF MIAMI



Principal Place of Business

AMERICAN MEDICAL PLAZA
5601 NORTH DIXIE HIGHWAY
FORT LAUDERDALE FL 33334
US

Mailing Address

AMERICAN MEDICAL PLAZA
5601 NORTH DIXIE HIGHWAY
FORT LAUDERDALE FL 33334
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-2324864

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUDD, JOHN
SUITE 420
FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name Timothy C. Lincoln, Esq.

Street Address (P.O. Box Number is Not Acceptable)
Downtown Legal Center

46 N. E. 6th Street

City Miami

FL

Zip Code
33132

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

Timothy C. Lincoln

Timothy C. Lincoln, V.P.

3/15/04

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | DIAZ, MAYRA | |
| STREET ADDRESS | 5601 NORTH DIXIE HIGHWAY SUITE 420 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33334 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MUDD, JOHN | |
| STREET ADDRESS | 5601 NORTH DIXIE HIGHWAY SUITE 420 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33334 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | LINCOLN, TIMOTHY | |
| STREET ADDRESS | 5601 NORTH DIXIE HIGHWAY SUITE 420 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33334 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Timothy C. Lincoln*

Timothy C. Lincoln, V.P.

3/15/04

(954) 202-1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #