

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90121 015 \*\*\*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

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

7. Name and Address of New Registered Agent

LINCOLN, TIMOTHY C ESQ.  
DOWNTOWN LEGAL CENTER LINCOLN ESQ. P.A.  
MIAMI FL 33132  
46 N.E. 6th STREET

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

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME DIAZ, MAYRA ☐ Delete  
STREET ADDRESS 5601 NORTH DIXIE HIGHWAY SUITE 420  
CITY- ST- ZIP FORT LAUDERDALE FL 33334

TITLE  
NAME PD MUDD, JOHN ☒ Delete  
STREET ADDRESS 5601 NORTH DIXIE HIGHWAY SUITE 420  
CITY- ST- ZIP FORT LAUDERDALE FL 33334

TITLE  
NAME VPD LINCOLN, TIMOTHY ☐ Delete  
STREET ADDRESS 5601 NORTH DIXIE HIGHWAY SUITE 420  
CITY- ST- ZIP FORT LAUDERDALE FL 33334

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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CITY- ST- ZIP

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

TITLE  
NAME ☐ Change ☐ Addition  
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. Lincon*

Timothy C. Lincon

3/1/05

(305) 755-9295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #