## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

## Aug 01, 2005 8:00 am Secretary of State **DOCUMENT # L38149** 08-01-2005 90025 022 \*\*\*150.00 1. Entity Name METRO PARKING, INC. Principal Place of Business Mailing Address 50058829 PO BOX 161469 % RODNEY BARRETO MIAMI, FL 33176 MIAMI, FL 33116 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07252005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0164485 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARRETO, RODNEY Street Address (P.O. Box Number is Not Acceptable) 9250 SW 104TH ST. MIAMI, FL 33176 $\omega$ 90 $^{\!+\!\!+}$ 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 (NOTE: Registered Agent signature required when reinstating) , Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 তে OFFICERS AND DIRECTORS 10. 11. SW904 ACE TITLE ☐ Delete TITLE BARRETO, RODNEY NAME NAME 9250 SW 104TH ST STREET ADDRESS STREET ADDRESS MIAMITEL MIAMI, FL CITY-ST-ZIP CHY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 7iTi F NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 of the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED**