


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90148 046 ***150.00

DOCUMENT # L38149 1. Entity Name METRO PARKING, INC.					
Principal Place of Business % RODNEY BARRETO MIAMI, FL 33176 US			Mailing Address PO BOX 161469 MIAMI, FL 33116 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 235 Catalonia Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Coral Gables, FL		4. FEI Number 65-0164485	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33134		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BARRETO, RODNEY 835 CATALONIA AVE <i>(typo in address)</i> MIAMI, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 235 Catalonia Ave City Coral Gables FL Zip Code 33134	
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETO, RODNEY 9990 SW 90TH AVE MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rodney Barreto 235 Catalonia Avenue Coral Gables, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 power like empowered.					
SIGNATURE: <i>[Signature]</i>			4/13/07 (305) 444-4648		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40066129



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