


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90199 013 ***158.75

DOCUMENT # P00000024757 1. Entity Name PARK FIRE, INC.					
Principal Place of Business 2854 STIRLING ROAD SUITE J HOLLYWOOD, FL 33020			Mailing Address 2854 STIRLING ROAD SUITE J HOLLYWOOD, FL 33020		
2. Principal Place of Business 5895 SW 21st Street		3. Mailing Address 5895 SW 21st Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State West Hollywood FL		City & State West Hollywood FL		4. FEI Number 65-1025959	
Zip 33023		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33023		Country USA		6. Name and Address of Current Registered Agent PARK, SCOTT 320 N. 66TH TERRACE HOLLYWOOD, FL 33024	
7. Name and Address of New Registered Agent Name PARK, KAREN		Street Address (P.O. Box Number is Not Acceptable) 320 N 66th Terrace			
City Hollywood		FL		Zip Code 33024	
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 KAREN A PARK VP DATE 4/13/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PTD PARK, SCOTT 320 N. 66TH TERRACE HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete 39%		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PARK, SCOTT 320 N. 66TH TERRACE HOLLYWOOD, FL 33024 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PARK, KAREN 320 N 66th Terrace Hollywood, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 61%	
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	
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	
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: Karen A Park V.P. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/13/05 954-655-6539 <small>Date Daytime Phone # (cell)</small>		