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Secretary of State

05-02-2005 90991 025 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000073170

1. Entity Name
PARKS & BRAXTON, P.A.

50046576

Principal Place of Business	Mailing Address
1021 IVES DAIRY ROAD SUITE 218 MIAMI, FL 33179	C/O R. PARKS-19 RAVINE RD. GREAT NECK, NY 11023

04252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1041 IVES DAIRY RD		C/O PARKS - 22A GOLF'S EDGE	
Suite, Apt. #, etc.: SUITE 137		Suite, Apt. #, etc.	
City & State: MIAMI FL		City & State: WEST PALM BEACH FL	
Zip: 33179	Country: USA	Zip: 33417	Country: U.S.A.

4. FEI Number: 22-3742040 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAXTON, MICHAEL ESQ.
2392 PHEASANT LANE
WESTON, FL 33327

7. Name and Address of New Registered Agent

Name: NO
Street Address (P.O. Box Number is Not Acceptable): CHANGE
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: Michael Braxton [signature] DATE: 4/29/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 STREET ADDRESS CITY-ST-ZIP	P PARKS, ANDREW ESQ. 202 LANDINGS BLVD WESTON, FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition NO CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAXTON, MICHAEL ESQ. 2392 PHEASANT LANE WESTON, FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition NO CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Andrew Parks [signature] 4/29/2005 (917) 704-6691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #