## ANNUAL REPORT

## Aug 23, 2004 8:00 am Secretary of State **DOCUMENT # P01000046490** C.A.H. PARKING, INC. 08-23-2004 90020 040 \*\*\*150.00 Principal Place of Business Mailing Address 225 NE MIZNER BLVD., SUITE 300 225 NE MIZNER BLVD., SUITE 300 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Hillsbore BlvD. 805 East Hillsborn BlvQ 805 East 08052004 Chg-P CR2E034 (10/03) v, te 206 206 4. FEI Number Applied For 65-1110224 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent GILLESPIE, R. BOWEN III 1515 S. FEDERAL HWY., SUITE 300-**BOCA RATON, FL 33432** Deerfield Beach 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, name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete TITLE 805 East Hillsboro BlvD., S. te 206 Deerfield Beach FL 33441 HENNIGAR, CURTIS A NAME 225 NE MIZNER BLVD., SUITE 300 STREET ADDRESS STREET ADDRESS BOGA RATON, FL 33432 CITY-ST-782 CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition 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 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 trustate impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

vith all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachme

SIGNATURE:

FILED