


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90024 038 ***150.00

DOCUMENT # P01000055599

1. Entity Name
RELIABLE VALET PARKING, INC.



Principal Place of Business Mailing Address
6562 COLUMBIA AVE **6562 COLUMBIA AVE**
LAKE WORTH, FL 33467 **LAKE WORTH, FL 33467**


2. Principal Place of Business - No P.O. Box # 3. Mailing Address
6568 COLUMBIA AVE Suite, Apt. #, etc.

City & State City & State
LAKE WORTH, FL City & State

Zip Country Zip Country
33467 Country

6. Name and Address of Current Registered Agent
RODAS, JUAN C
6562 COLUMBIA AVE
LAKE WORTH, FL 33467

60023213



04052008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-1116051 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **JUAN C RODAS**

Street Address (P.O. Box Number is Not Acceptable)
6568 COLUMBIA AVE

City **LAKE WORTH** FL Zip Code **33467**

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: *Juan C Rodas* DATE: **04-05-08**

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, 2008 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 RODAS, JUAN 6562 COLUMBIA AVE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUAN C RODAS 6568 COLUMBIA AVE LAKE WORTH, FL 33467 <input checked="" 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 all other like empowered.

SIGNATURE: *Juan C Rodas* DATE: **04-05-08** Daytime Phone #: **561-3798558**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #