

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90374 023 ***150.00

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1. Entity Name
PARKCO, INC.



Principal Place of Business

1428 BRICKELL AVENUE SUITE 105
MIAMI, FL 33131

Mailing Address

1428 BRICKELL AVENUE SUITE 105
MIAMI, FL 33131

14004762



03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1122977

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

M & W AGENTS, INC.
2101 CORPORATE BLVD SUITE 107
BOCA RATON, FL 33431

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HALPRYN, GLENN L
STREET ADDRESS 1428 BRICKELL AVENUE SUITE 105
CITY-ST-ZIP MIAMI, FL 33131

TITLE VST
NAME HOERNER, JUDITH A
STREET ADDRESS 1428 BRICKELL AVENUE SUITE 105
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME HALPRYN, ERNEST M
STREET ADDRESS 1428 BRICKELL AVENUE SUITE 105
CITY-ST-ZIP MIAMI, FL 33131

TITLE AS
NAME HURTADO, ELLISA
STREET ADDRESS 1428 BRICKELL AVE #105
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn L. Halpryn

03/29/2004

Date

(305) 371-4112

Daytime Phone #