

04-03-2006 90413 028 ****61.25

P01000059000

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 14 PM 2: 16

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT***Amended*

DOCUMENT # P01000059000

1. Entity Name
PARKCO, INC.Principal Place of Business
1428 BRICKELL AVENUE SUITE 105
MIAMI, FL 33131Mailing Address
1428 BRICKELL AVENUE SUITE 105
MIAMI, FL 33131

50008723



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006 Chg-P CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

Name

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

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

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, 2006 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	<input type="checkbox"/> Delete
NAME	HALPRYN, GLENN L	
STREET ADDRESS	1428 BRICKELL AVENUE SUITE 105	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VST	<input type="checkbox"/> Delete
NAME	HOERNER, JUDITH A	
STREET ADDRESS	1428 BRICKELL AVENUE SUITE 105	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALPRYN, ERNEST M	
STREET ADDRESS	1428 BRICKELL AVENUE SUITE 105	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	HURTADO, ELLISA	
STREET ADDRESS	1428 BRICKELL AVE #105	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CABRERA, MARLENE	
STREET ADDRESS	1428 BRICKELL AVE #105	
CITY-ST-ZIP	MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: GLENN L HALPRYN PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-06

305 371-4112

Date

Daytime Phone #

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