

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90010 037 \*\*\*150.00

**DOCUMENT # P02000104685**

1. Entity Name  
**SUNSET PARKING & TRANSPORTATION, INC.**



Principal Place of Business      Mailing Address

115 LAKE EMERALD DRIVE #108      115 LAKE EMERALD DRIVE #108  
 OAKLAND PARK, FL 33309      OAKLAND PARK, FL 33309

**34024104**

2. Principal Place of Business      3. Mailing Address

**20973 SPRINGS TERRACE**      **20973 SPRINGS TERRACE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



02232004      Chg-P      CR2E034 (10/03)

City & State      City & State

**BOCA RATON, FL**      **BOCA RATON, FL**

Zip      Country      Zip      Country

**33428**      **PALM BEACH**      **33428**      **PALM BEACH**

4. FEI Number      Applied For

**22-3873665**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOSE DA SILVA, ORIVALDO**  
 115 LAKE EMERALD DRIVE #108  
 OAKLAND PARK, FL 33309

**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 \_\_\_\_\_ (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

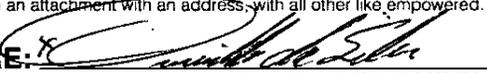
**10. OFFICERS AND DIRECTORS**

TITLE	PST	<input type="checkbox"/> Delete
NAME	JOSE DA SILVA, ORIVALDO	
STREET ADDRESS	115 LAKE EMERALD DRIVE #108	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOSE DA SILVA, ORIVALDO	
STREET ADDRESS	115 LAKE EMERALD DRIVE #108	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>20973 SPRINGS TERRACE</b>	
STREET ADDRESS	<b>BOCA RATON, FL 33428</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>20973 SPRINGS TERRACE</b>	
STREET ADDRESS	<b>BOCA RATON, FL 33428</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

**02/24/04**

Date      Daytime Phone #