

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91012 011 \*\*\*150.00

<b>DOCUMENT # P02000117871</b> 1. Entity Name <b>PRO PARK SYSTEMS, INC.</b>					
Principal Place of Business <b>144 N.W. 17TH PLACE MIAMI, FL 33125</b>			Mailing Address <b>144 N.W. 17TH PLACE MIAMI, FL 33125</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>APPLIED FOR 22-3901157</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>MENDEZ, MIGUEL A JR., ONE SOUTH ORANGE AVENUE ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SWAREZ, ANTONIO F 144 NW 17 PLACE MIAMI, FL 33125</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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	
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.					
<b>SIGNATURE: <u>Antonio F. Swarez</u> 4/23/04 (305) 766-6885</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR</small>					

**66420404**



04202004 Chg-P CR2E034 (10/03)