## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P03000082 ARKING SYSTEMS CORP			04-26-2004 91006 003 ***150.00				
Principal Plac 17145 NORT 44 D SUNNY ISLES	TH BAY ROAD	Mailing Address 17145 NORTH BAY ROAD 44 D SUNNY ISLES, FL 33160 US						ie i Marie III anni
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		301 : 10 men, a Suite, Apt. #, etc.		0316	62004 C	tha B	CB0E024 (10/0	2)
City & State		22-0 City & State			Number	hg-P	CR2E034 (10/0	Applied For
Corol Gobbs FL		Coral Gables FL			<u> </u>	2140	<u> </u>	Not Applicable
Zip 33	3134 US	33134	Country		rtificate of Sta		Fee Requ	Additional uired
	6Name and Address of Current	Registered Agent	Name	<u> </u>	me and Addre	ess.of.New.Re	gistered Agent	<del></del>
SANCHEZ 537 MICHI	Z, ERNESTO IGAN AVE	<u>Pat ριώς</u> idress (P.O. Bo)	Number is N	ot Acceptable)				
MIAMI BEACH, FL 33139				1 1	· ·	5	2 10	
			3C City	Jorof G	•	Swise 2		ode 134
	named entity submits this statement fo	r the purpose of changing its	registered office or			ne State of Flori		
the obligat	tions of registered agent.	0	. 120 1	N 30 . 70	`	. را م	-lau	
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signate	re required when reins	itating)	मीड	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cont		\$5.00 May Added to Fe				
10.	OFFICERS AND	<del></del>	11.		ITIONS/CHAN	GES TO OFFIC	ERS AND DIRECT	
TITLE NAME	· ·	Delete	TITLE NAME	President Patricio	DAVILA		☐ Chanç	e 🔽 Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	101 Alm	eria Suit	1220 FL 331	5 r7	
TITLE		☐ Delete	TITLE	Vibe Pres		FF 331	☐ Chang	e 🚺 Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	Loura R 301 Alme	hodes nia sud	:220		
CITY- ST- ZIP			CITY-ST-ZIP	Corot C	abler	FL 331		
NAME NAME		Delete	TITLE NAME			***********	. ☐ Chang	e
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Chang	e Addition
NAME Street address			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
titlé Name		☐ Delete	TITLE NAME				Chang	e 🔲 Addition
STREET ADDRESS			STREET ADDRESS					
TITLE		☐ Delete	CITY-ST-ZIP TITLE		·-····································		☐ Chang	e
NAME STREET ADDRESS			NAME STREET ADDRESS	•				
CITY-ST-ZIP			CITY-ST-ZIP			1		
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 expellemental 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 section of the corporation or the section or the section of the corporation or the section or the section of the sect								
SIGNAL	SIGNATURE AND TYPED OR P	RINTED RAME OF SIGNING OFFICER	OR DIRECTOR	· · ·	719-2	late	Daytime Phone	#