


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90012 021 \*\*\*150.00

<b>DOCUMENT # P03000109699</b> 1. Entity Name <b>A.J. PARKING SERVICES, INC.</b>					
Principal Place of Business <b>1874 WILDWOOD TRAIL DEERFIELD BEACH, FL 33442</b>			Mailing Address <b>1874 WILDWOOD TRAIL DEERFIELD BEACH, FL 33442</b>		
2. Principal Place of Business <b>1874 Wildwood Trail</b>			3. Mailing Address <b>1874 Wildwood Trail</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>Deerfield Beach FL</b>			City & State <b>Deerfield Beach FL</b>		
Zip <b>33442</b>			Zip <b>33442</b>		
Country 			Country 		
4. FEI Number <b>54-2125734</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>TRONCONE, MONIQUE CPA 499 E PALMETTO PARK RD STE 207 BOCA RATON, FL 33442</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>Please Correct Zip code</b> City <b>FL</b> Zip Code <b>33432</b>		
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 <u><i>Monique Troncone, CPA</i></u> <u><i>Monique Troncone, CPA</i></u> <u><i>08/03/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RAMIREZ, ALEJANDRO</b> <b>1874 WILDWOOD TRAIL</b> <b>DEERFIELD BEACH, FL 33442</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1874 Wildwood Trail</b> <b>Deerfield Beach FL 33442</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHAMMAS, JOSEPH E</b> <b>604 LOCK RD</b> <b>DEERFIELD BEACH, FL 33442</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>325 NW 37 Way</b> <b>Deerfield Beach FL 33442</b>	
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	
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	
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:</b> <u><i>Alejandro Ramirez, VD</i></u> <u><i>08/03/04</i></u> <u><i>(954)274-6221</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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