


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000130768 1. Entity Name M&N PARKING, INC.						FILED 2008 MAR -7 PM 1:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9400 SW 100 STREET MEDLEY, FL 33018				Mailing Address 9400 SW 100 STREET MEDLEY, FL 33018			
2. Principal Place of Business - No P.O. Box # 7743 HAWTHORNA AVE				3. Mailing Address Same			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Miami Beach, FL				City & State			
Zip 33141		Country		Zip		Country	
4. FEI Number 20-1654250				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ORTEGA-VELAZQUEZ, NILDER 9400 SW 100 STREET MEDLEY, FL 33018				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7743 HAWTHORNA AVE. City Miami Beach FL Zip Code 33141			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTEGA-VELAZQUEZ, NILDER 9400 SW 100 STREET MEDLEY, FL 33018 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) 7743 HAWTHORNA AVE. Miami Beach, FL 33141 <input checked="" 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	P/D LUIS A. GARCIA CARMONA 7743 HAWTHORNA AVE. Miami Beach, FL 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600121223666 03/25/08--01042--007 **\$55.00 <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		
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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							