2007 FOR PROFIT CORPORATION ANNUAL-REPORT (AR)

FILED Apr 09, 2007 08:00 Al Secretary of State DOCUMENT # P05000157812 1. Entity Name ASTRO PARKING, INC. Principal Place of Business Mailing Address 110 N. FEDERAL HIGHWAY PO BOX 30459 FT LAUDERDALE FL 33303 **UNIT 908** FT LAUDERDALE FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 20-3870048 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SALAH, GINO Street Address (P.O. Box Number is Not Acceptable) 110 N. FEDERAL HIGHWAY **UNIT 908** FT LAUDERDALE FL 33301 Zip Codo 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. (NOTE Registered Agent signature required when reinstating typid or printed hame of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 " Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THIL TITLE Delete Addition SALAH, GINO NAME. NAME 110 N. FEDERAL HIGHWAY, # 908 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33301 CITY-S1-ZIP CITY-ST-ZIP U00000694962 04/17/07-80042-005 dulande 00 Addution Delete 11111 NAME STREET ADDRESS STREET ADDRESS CUY-SI-ZIP CITY-ST-ZIP ШП Delete HILL Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7IP IIIE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition ☐ Delete Change STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP HILE Delete BILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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

741, 1, 3, 400)

Daytime Phone #