

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90068 047 \*\*\*150.00

**DOCUMENT # P93000014054**

1. Entity Name  
**PARKVIEW PROPERTIES, INC.**



Principal Place of Business  
**1649 ATLANTIC BLVD.  
SUITE 3  
JACKSONVILLE, FL 32207**

Mailing Address  
**1649 ATLANTIC BLVD.  
SUITE 3  
JACKSONVILLE, FL 32207**



04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3176341</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**QUINONES, LUIS E  
1649 ATLANTIC BLVD.  
SUITE 3  
JACKSONVILLE, FL 32207**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, JUAN 1649 ATLANTIC BLVD. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUINONES, LUIS E 1649 ATLANTIC BLVD. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Practice Administrator Nataliya Vyshnevskaya 1649 Atlantic Blvd Ste 2 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Nataliya Vyshnevskaya* **4/30/06** **904-398-9861**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #