2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: .

SIGNA FOR AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 03, 2005 08:00 AM Secretary of State DOCUMENT # P96000028022 1. Entity Name 4 PARKING, INC. Principal Place of Business Mailing Address 5600 HAMMOCK DR. CORAL GABLES FL 33156 5600 HAMMOCK DR. CORAL GABLES FL 33156 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (5/05) City & State City & State 4. FEI Number Applied For 65-0657528 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEYERS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 5600 HAMMOCK DRIVE CORAL GABLES FL 33156 Zip Code City FL 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 Signature, typed or printed name of registered agent and fille if applicable (NOTE: Recistered Abent signature required when reinstaling) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 7, 2005 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. П Added to Fees did not receive pnor notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Addition TITLE UNE Delete NAME MEYERS, MICHAEL NAME U00000375433 /03/05-<u>80005-004</u> 5600 HAMMOCK DR. STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33156 CITY-ST-ZIP CITY-ST-7IP 150 000☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CULY - S1 - 7JP Delete Change ☐ Addition THELE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME The first that we will be with STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change Addition HILE Delete TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 exacute 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.

FILED

305-608-1229