



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90037 012 ***158.75

DOCUMENT # P96000028022			
1. Entity Name 4 PARKING, INC.		Principal Place of Business 5600 HAMMOCK DR. CORAL GABLES, FL 33156 US	
Mailing Address 5600 HAMMOCK DR. CORAL GABLES, FL 33156 US		<div style="font-size: 2em; font-family: cursive;">40000489</div> 	
2. Principal Place of Business 60 EDGEWATER DRIVE Suite, Apt. #, etc. 17E		3. Mailing Address 60 EDGEWATER DRIVE Suite, Apt. #, etc. 17E	
City & State CORAL GABLES, FL Zip 33133 Country PAVE US		City & State CORAL GABLES, FL Zip 33133 Country PAVE US	
4. FEI Number 65-0657528		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01042006 Chg-P - CR2E034 (11/05)---	
6. Name and Address of Current Registered Agent MEYERS, MICHAEL 5600 HAMMOCK DRIVE CORAL GABLES, FL 33156		7. Name and Address of New Registered Agent Name MICHAEL MEYERS Street Address (P.O. Box Number is Not Acceptable) 60 EDGEWATER DRIVE 17-E City CORAL GABLES FL Zip Code 33133	
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>Michael Meyers</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u><i>1/7/06</i></u> <small>(NOTE: Registered Agent signature required when resigning)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D MEYERS, MICHAEL 5600 HAMMOCK DR. 60 EDGEWATER DR, 17E CORAL GABLES, FL 33133	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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</small>		DATE <u><i>1/7/06</i></u> Daytime Phone # <u><i>305 608 1229</i></u>	