


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90045 043 ***150.00


DOCUMENT # P96000028022		
1. Entity Name 4 PARKING, INC.		

Principal Place of Business 60 EDGEWATER DR 17E MIAMI, FL 33133 US	Mailing Address 60 EDGEWATER DR 17E MIAMI, FL 33133 US
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2. Principal Place of Business - No P.O. Box # 60 EDGEWATER DRIVE Suite, Apt. #, etc. PH-1E	3. Mailing Address 60 EDGEWATER DRIVE Suite, Apt. #, etc. PH-1E
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City & State CORAL GABLES FL	City & State CORAL GABLES FL
Zip 33133	Zip 33133
Country	Country

40000000



01032007 Chg-P CR2E034 (12/06)

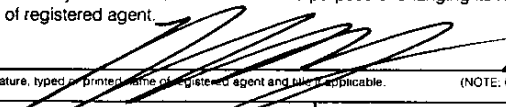
4. FEI Number 65-0657528	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MEYERS, MICHAEL 60 EDGEWATER DR 17-E MIAMI, FL 33133	
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7. Name and Address of New Registered Agent Name MEYERS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 60 EDGEWATER DRIVE PH-1E City CORAL GABLES FL Zip Code 33133	
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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.

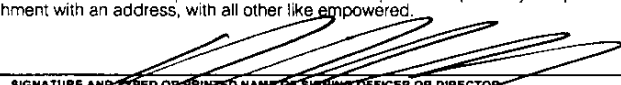
SIGNATURE  **Michael Meyers** DATE **1/4/07**

Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYERS, MICHAEL 60 EDGEWATER DR 17E PH-1E MIAMI, FL 33133 <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
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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:  **1/4/07** **305/648/1229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #