

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000045412		Secretary of State	
1. Entity Name PARK ONE OF FLORIDA, INC.			
Principal Place of Business 601 POYDRAS ST STE 2009 NEW ORLEANS, LA 70130		Mailing Address 601 POYDRAS ST STE 2009 NEW ORLEANS, LA 70130	
DO NOT WRITE IN THIS SPACE			
		03182004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 72-1422107	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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, 2004 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		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERNARD, YOLANDE A 601 POYDRAS STREET, SUITE 2011 NEW ORLEANS, LA 70130		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DUCOTE, WAYNE C 601 POYDRAS STREET, SUITE 2011 NEW ORLEANS, LA 70130		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS 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 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: 		3/19/04 504-525-9017	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	