2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000103556

Title:

Name:

Address:

City-St-Zip:

FILED Apr 01, 2005 Secretary of State

Entity Nan	ne: PARKDA	LE MANAGEMENT, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
190 BALSA OLDSMAR	M DR. , FL 34677	US				
Current Mailing Address:			New Maili	New Mailing Address:		
OLDSMAR P.O. BOX (POST OFFIC	E				
	, FL 34677	US				
FEI Number:	59-3481667	FEI Number Applied For ()	FEI Number Not App	clicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
	E, WILLIAM K T BAY DRIVE US					
The above in the State		submits this statement for the pu	urpose of changing i	its registered office or registered agent, or both,		
SIGNATUR	RE:					
Electronic Signature of Registered Agent			nt	Date		
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS	AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () NASER, MOHA 190 BALSAM D OLDSMAR, FL	R.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	NASER, RENAT	Delete FE TON AVE. N., #198 RG, FL 33710 US	Title: Name: Address: City-St-Zip:	VPM (X) Change () Addition NASER, RENATE K 190 BALSAM DRIVE OLDSMAR, FL 34677 US		
Title: Name: Address: City-St-Zin:	D () NASEY, NADIM 190 BALSAM D	R.	Title: Name: Address: City-St-Zin:	D (X) Change () Addition NASER, NADIM M 190 BALSAM DR. OLDSMAR EL 34677		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MOHAMMED NASER Ρ 04/01/2005

() Delete

NASER, ADEL

190 BALSAM DR.

OLDSMAR, FL 34677

(X) Change () Addition

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190 BALSAM DR.

OLDSMAR, FL 34677