## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPES OF

## Jan 28, 2005 08:00 AM Secretary of State DOCUMENT # P98000000792 1. Entity Name NEW PARKSIDE CORPORATION Principal Place of Business Mailing Address 2700 NW 5TH AVE 2700 NW 5TH AVE MIAMI, FL 33129 MIAMI, FL 33129 01172005 \_\_\_ No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0803695 Not Applicable \$8,75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent MOON, GAP J DO NOT WRITE 13091 PARKSIDE TERRACE COOPER CITY, FL 33330 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. тте NAME MOON, GAP J STREET ADDRESS 1309 PARKSIDE TERRACE CITY-ST-ZIP COOPER CITY, FL 33330 U00000202179 01/28/05-80099-017 150.00 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS

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.

01/20/05

Date

305-576-5130

Daytime Phone #

SIGNING OFFICER OR DIRECTOR

**FILED**