


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000014358**  
 1. Entity Name  
**ONE WAY VALET, INC.**



Principal Place of Business      Mailing Address  
**312 S BUMBY AVE**                      **312 S BUMBY AVE**  
**ORLANDO, FL 32803**                      **ORLANDO, FL 32803**

**DO NOT WRITE IN THIS SPACE**



09072005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-3499452</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**PAPLA, SALVADOR R**  
**1015 NORTH BUMBY AVENUE**  
**ORLANDO, FL 32807**

**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 rechartering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 (May Be Added to Fees)**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PAPLA, SALVADOR R 1015 NORTH BUMBY AVENUE ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEYERHOFER, MARK 1015 N BOMBAY AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BARBOSA, FABIAN 3705 ROUSSE RD ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 09/09/05-80004-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 duties like empowered.

SIGNATURE: *Salvador Papla*      Date: 09/09/05      Daytime Phone #: 407-897-7172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR