DOCUMENT # P98000058979

1. Entity Name

PARK WEST DEVELOPMENT GROUP, INC.

Principal Place of Business 6187 MIAMI LAKES DR. MIAMI LAKES FL 33014

Mailing Address

6187 MIAMI LAKES DR. MIAMI LAKES FL 33014-2408

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

									,pp,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Zip	Country Zip Co		Country	5. (Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and	Address of Current Re	gistered Agent		~ ~71	Name and Address of New F	egistered A	gent	
				Name					
GRIA 3909	•	Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
N M	IIAMI BEACH FL	33160							
				City			FL	Zip Code	9
8. The above	e named entity subr	mits this statement for th	ne purpose of changing its	registered office or regis	stered ag	ent, or both, in the State of Flo	rida.	· -	
SIGNATURE .							DATE		
	Signature, typed or printe	ed name of registered agent and	title if applicable. (NOT	: Registered Agent signature requ	ared when re	einstating)	DATE		
or the corporation to original to ordinary the internal to the contract of the				!! FEE IS \$150.00 00 Fee will be \$550.0 le to Department of S		10. Election Campaign Fin Trust Fund Contribution			0 May Be to Fees
11.		OFFICERS AND DII	<u> </u>	12.		L DDITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE	PD	OFFICERIO AFTE DI	☐ Delete	TITLE	,	3110110, 3111110100		Change	☐ Addition
NAME		DEDT∩	□ Detete	NAME				onange	
STREET ADDRESS	GOVE CEE, VIEDENIO			STREET ADDRESS					
CITY-ST-ZIP	MIAMI LAKES			CITY-ST-ZIP					
TITLE	SD		☐ Delete	TITLE		<u> </u>		Change	Addition
NAME	TORRE, VENAM	NCIO		NAME					
STREET ADDRESS	8005 N.W. 155			STREET ADDRESS					
CITY-ST-ZIP	MIAMI LAKES I	FL 33014		CITY-ST-ZIP					
TITLE	VD		☐ Delete	TITLE				Change	Addition
NAME	RICHARD P. PARRILLO, JRPAR FAMILY LIMITE			NAME					
STREET ADDRESS	8005 N.W. 155	TH ST		STREET ADDRESS					
CITY-ST-ZIP	MIAMI LAKES I	FL 330 <u>14</u>		CITY-ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	Addition
NAME	1			NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		 -	☐ Delete	TITLE				☐ Change	Addition
NAME				NAME					
STREET ADDRESS	1			STREET ADDRESS					
	1			CITY-ST-ZIP					
CITY-ST-ZIP				TITLE				☐ Change	Addition
TITLE	<u> </u>		☐ Delete	IIILE					
			☐ Delete	NAME					
TITLE			Ĺ J Delete						

intal report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the properties of the properties o of the corporation or the receiver or changed, or on an attachment with,

SIGNATURE:

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR