

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000089681 1. Entity Name ROB'S VALET PARKING SERVICES, INC.				Apr 13, 2005 08:00 Secretary of S	
Principal Place of Business PO BOX 654 INDIAN ROCKS BEACH, FL 33785		Mailing Address PO BOX 654 INDIAN ROCKS BEACH, FL 33785			
DO NOT WRITE IN THIS SPACE				03302005 No Chg-P CR2E034 (10/03)	
				4. FEI Number 25-5430806	
				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 MYRICK, ROB 204 4TH AVE. N #654 INDIAN ROCKS BEACH, FL 33785				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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYRICK, ROB 204 4TH AVE. N #654 INDIAN ROCKS BEACH, FL 33785				
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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: 		4-11-05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			