

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000005881					
1. Entity Name PARKING LOT AUTO TRANSPORT INC.					
Principal Place of Business 100 E LINTON BLVD STE 308, A-2 DELRAY BEACH, FL 33486			Mailing Address 100 E LINTON BLVD STE 308, A-2 DELRAY BEACH, FL 33486		
2. Principal Place of Business - No P.O. Box # 16299 Valencia Blvd		3. Mailing Address 16299 Valencia Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Loxahatchee FL		City & State Loxahatchee FL		4. FEI Number 65-0895903	
Zip 33470		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILLER, WAMPERONNE 6817 WINFIELD BLVD #1-7 MARGATE, FL 33063			7. Name and Address of New Registered Agent Name: TREVIS LEWIS Street Address (P.O. Box Number is Not Acceptable): 16299 Valencia Blvd City: Loxahatchee FL Zip Code 33470		
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: <u>Wamperonne Hiller</u> <u>Wamperonne Hiller</u> <u>President</u> <u>10-31-08</u> <small>Signature, typed, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILLER, WAMPERONNE 6617 WINFIELD BLVD #1-7 MARGATE, FL 33063	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Trevis Lewis 16299 Valencia Blvd Loxahatchee FL 33470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200137571492 11/03/08--01003--015 ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Wamperonne Hiller</u> <u>Wamperonne Hiller</u> <u>President</u> <u>10-31-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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