

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90071 013 ***150.00

DOCUMENT # P99000079525 1. Entity Name VALET PLUS PARKING SYSTEMS, INC.			
Principal Place of Business 13340 N.W. 10TH TERRACE MIAMI, FL 33182		Mailing Address 13340 N.W. 10TH TERRACE MIAMI, FL 33182	
2. Principal Place of Business 161 ARAGON AVE. Suite, Apt. #, etc.		3. Mailing Address 161 ARAGON AVE. Suite, Apt. #, etc.	
City & State COVINGTON, FL. Zip 33134		City & State COVINGTON, FL. Zip 33134	
Country U.S.A.		Country U.S.A.	
4. FEI Number 65-0946781		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMEJO, HENRY R 13340 N.W. 10TH TERRACE MIAMI, FL 33182		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: center;"> Henry Camejo <small>(NOTE: Registered Agent signature required when registering)</small> </div> <div style="text-align: center;"> 2/23/04 <small>DATE</small> </div> </div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME CAMEJO, HARVEY R STREET ADDRESS 8290 LAKE DR. #318 CITY-ST-ZIP MIAMI, FL 33166	TITLE VICE President. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HARVEY CAMEJO STREET ADDRESS 15496 SW 13TH. MIAMI, FL. 33194. CITY-ST-ZIP	TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HENRY CAMEJO STREET ADDRESS 13660 NW 10 LN MIAMI, FL. 33182 CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete NAME CAMEJO, HENRY R STREET ADDRESS 17061 N.W. 22ND ST. CITY-ST-ZIP PEMBROKE PINES, FL 33028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 life empowered.			
SIGNATURE: Henry Camejo 2/23/04 305-461 3303 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			