


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90017 036 ***150.00

DOCUMENT # P01000059000

1. Entity Name
PARKCO, INC.



| | |
|---|---|
| Principal Place of Business 4400 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33137 US | Mailing Address 4400 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33137 US |
|---|---|

40090000



02122008 No Chg-P CR2E034 (11/05)

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| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-1122977 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

M & W AGENTS, INC.
2101 CORPORATE BLVD SUITE 107
BOCA RATON, FL 33431

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD HALPRYN, GLENN L 4400 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VST HOERNER, JUDITH A 4400 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HALPRYN, ERNEST M 4400 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AS CABRERA, MARLENE 4400 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

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:  **GLENN L. HALPRYN, PRESIDENT 2/25/08 (305) 573-4112**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #