


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90025 014 ***150.00

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| DOCUMENT # P02000086542 1. Entity Name PARK HIGH, INC. |  |
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|---|---|
| Principal Place of Business 123 SE 3RD AVENUE, #526 MIAMI, FL 33131 | Mailing Address 123 SE 3RD AVENUE, #526 MIAMI, FL 33131 |
|---|---|

40052100



01172008 No Chg-P CR2E034 (11/05)

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| | |
|---|---------------------------------------|
| 4. FEI Number 22-3871588 | 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

TAGUE, BRIAN P
FOUR SEASONS TOWER, 15TH FLOOR
1441 BRICKELL AVENUE
MIAMI, FL 33131

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

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 | P BATISTA, C 123 SE 3RD AVE #526 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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: *[Signature]* **3-19-08** **3:5375922**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #