


**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # F08000003671

1. Entity Name  
A1 PARKING SERVICES Inc.



FILED  
2011 JUL -8 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #  
495 Peachtree St  
Suite, Apt. #, etc.  
Atlanta

3. Mailing Address  
626 S. 28th AVE  
Suite, Apt. #, etc.

CR2E034B (1/11)

City & State  
Georgia  
City & State  
Hollywood Florida

4. FEI Number  
20-4967699

Applied For  
Not Applicable

Zip  
30308  
Country  
U.S.A

Zip  
33020  
Country  
U.S.A

6. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Melissa Brennan

Street Address (P.O. Box Number is Not Acceptable)  
626 S 28th AVE

City  
Hollywood  
FL  
Zip Code  
33020

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 *M/Brennan* Melissa Brennan President 06/20/11  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

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

E-mail Address:  
valet@a1parkingservices.com  
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Melissa Brennan 626 S 28 AVE Hollywood, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Delfina Estrada 626 S 28 AVE Hollywood, FL 33020
TITLE 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	

700207375437  
05/09/11--01009--019 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

4/27/8

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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.