

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90010 032 \*\*\*150.00

<b>DOCUMENT # 209213</b> 1. Entity Name <b>MOBILE VILLAS, INC.</b>			
Principal Place of Business <b>6951 N FEDERAL HIGHWAY</b> <b>BOCA RATON, FL 33487-1643</b>		Mailing Address <b>5915 PONCE DELEON BLVD</b> <b>60</b> <b>CORAL GABLES, FL 33146</b>	
2. Principal Place of Business <b>5915 Ponce de Leon Blvd</b>		3. Mailing Address <b>5915 Ponce de Leon Blvd</b>	
Suite, Apt. #, etc. <b>600</b>		Suite, Apt. #, etc. <b>600</b>	
City & State <b>Coral Gables, FL</b>		City & State <b>Coral Gables, FL</b>	
Zip <b>33146</b>		Zip <b>33146</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-0864378</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BENDER, HARRY K, ESQ</b> <b>5915 PONCE DE LEON BLVD.</b> <b>CORAL GABLES, FL 33146</b>		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;"> <span><b>FL</b></span> <span>Zip Code</span> </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. SIGNATURE: <u><i>[Signature]</i></u> DATE: <u>2/3/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BENDER, GEORGE C 5915 PONCE DE LEON BLVD CORAL GABLES, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENDER, HARRY K 5915 PONCE DE LEON BLVD CORAL GABLES, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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 like empowered.			
SIGNATURE: <u><i>[Signature]</i></u>		Date: <u>2/3/04</u> Daytime Phone #: <u>(305) 662-1130</u>	