

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002972

FILED  
Mar 23, 2004  
Secretary of State

Entity Name: MOBAT USA, INC.

## Current Principal Place of Business:

1720 W. PAUL DIRAC DR.  
TALLAHASSEE, FL 32310

## New Principal Place of Business:

1721 W. PAUL DIRAC DR.  
TALLAHASSEE, FL 32310

## Current Mailing Address:

1720 W. PAUL DIRAC DR.  
TALLAHASSEE, FL 32310

## New Mailing Address:

1721 W. PAUL DIRAC DR.  
TALLAHASSEE, FL 32310

FEI Number: 59-3718061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHILLIPS, S. JAMES  
1720 W. PAUL DIRAC DR.  
TALLAHASSEE, FL 32310

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: PHILLIPS, S. JAMES  
Address: 1720 W. PAUL DIRAC DR.  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete  
Name: HANA, RAFAEL  
Address: 26 HASHOPTIM ST, P.O.B. 267  
City-St-Zip: HOLON 58102 ISRAEL,

Title: D ( ) Delete  
Name: KATZ, SAMUEL  
Address: 26 HASHOPTIM ST, P.O.B. 267  
City-St-Zip: HOLON 58102 ISRAEL,

Title: P ( ) Delete  
Name: CASPI, CHAIM  
Address: 2264 TUSGAVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. JAMES PHILLIPS

ST

03/23/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date