


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

|  |  |                                 |  |   |  |
|--|--|---------------------------------|--|---|--|
| <b>DOCUMENT # J87239</b><br>1. Entity Name<br><b>MOBILEVISION TECHNOLOGY, INC.</b>   |  |                                 |  |    |  |
| Principal Place of Business<br><b>% SAUL SWIMMER</b><br><b>1002 MADRID STREET</b><br><b>CORAL GABLES FL 33134</b><br><b>US</b>   |  |                                 | Mailing Address<br><b>% SAUL SWIMMER</b><br><b>1002 MADRID STREET</b><br><b>CORAL GABLES FL 33134</b><br><b>US</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State   |  |                                 | City & State   |   |  |
| Zip  |  | Country                         |  | Zip   |  |
| Country  |  | Country                         |  | 4. FEI Number <b>13-3081198</b><br><input type="checkbox"/> Applied For<br><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<br><b>SWIMMER, SAUL</b><br><b>1002 MADRID STREET</b><br><b>CORAL GABLES FL 33134</b>  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |  |                                 |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2005 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;">         9. Election Campaign Financing<br/>         Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div> |  |                                 |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PSTD<br>SWIMMER, SAUL<br>1002 MADRID STREET<br>CORAL GABLES FL | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>   |  |
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1st MOORE CR2E034 (10/04)

**SIGNATURE:** *Saul Swimmer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-13-05** **305-461-0123**  
Date Daytime Phone #