

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K81378

FILED
Mar 23, 2004
Secretary of State

Entity Name: MOBILITY CONCEPTS, INC.

Current Principal Place of Business:

230 N. DIXIE HWY
BOYS 30-33
HOLLYWOOD, FL 33020

New Principal Place of Business:

230 N. DIXIE HWY
BAYS 30-33
HOLLYWOOD, FL 33020

Current Mailing Address:

230 N. DIXIE HWY
BOYS 30-33
HOLLYWOOD, FL 33020

New Mailing Address:

230 N. DIXIE HWY
BAYS 30-33
HOLLYWOOD, FL 33020

FEI Number: 65-0115068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUDA, SONIA
4924 SW 27TH AVE.
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

DUDA, SONIA
5100 WASHINGTON ST
APT 404
HOLLYWOOD, FL 33021 US

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:

03/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: DUDA, SONIA
Address: 4924 SW 27TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: V () Delete
Name: BRIGGS, SCOTT
Address: 4891 SW 26TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: TS () Delete
Name: CAROLINA SOTO, SONIA
Address: 4924 SW 27TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33312

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:

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: SONIA DUDA

PTS

03/23/2004

Electronic Signature of Signing Officer or Director

Date