


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 25, 2006 8:00 am**  
**Secretary of State**

08-25-2006 90001 017 \*\*\*158.75

**DOCUMENT # L06707**

1. Entity Name  
**MOBILE REFRIGERATION SYSTEMS, INC.**



Principal Place of Business  
**1641-A AW 7TH AVENUE**  
**POMPANO BCH., FL 33060 US**

Mailing Address  
**1641-A SW 7TH AVENUE**  
**POMPANO BCH., FL 33060 US**

**50026234**



07052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0141443</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WALL, ROBERT**  
**1641-A SW 7TH AVENUE**  
**POMPANO BCH., FL 33060**

**DO NOT WRITE IN THIS SPACE**

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: *Rita Wall* *V. Pres.* *July 7, 2006*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALL, ROBERT
STREET ADDRESS	1641-A SW 7TH AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	V.P.
NAME	WALL, RITA
STREET ADDRESS	1641-A SW 7TH AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	ST
NAME	Tate, Cheryl
STREET ADDRESS	same address as above
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 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: *Rita Wall V.P.* *7/7/06* *954-786-8595*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #