


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06707</b> 1. Entity Name <b>MOBILE REFRIGERATION SYSTEMS, INC.</b>	
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Principal Place of Business <b>1641-A SW 7TH AVENUE POMPANO BCH., FL 33060 US</b>	Mailing Address <b>1641-A SW 7TH AVENUE POMPANO BCH., FL 33060 US</b>
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0141443</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

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

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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 *Robert Wall, President* DATE 04-15-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>	<b>000000306381</b> <b>05/02/08-80020-005 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>WALL, ROBERT</b> <b>1641-A SW 7TH AVENUE</b> <b>POMPANO BEACH, FL 33060</b>
TITLE <b>VST</b>	<b>WALL, RITA</b> <b>1641-A SW 7TH AVENUE</b> <b>POMPANO BEACH, FL 33060</b>
TITLE <b></b>	<b></b>
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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 VST* DATE 04-15-08 DAYTIME PHONE # 954-786-8595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR