2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT (AR)** Apr 29, 2004 8:00 am DOCUMENT # P00900018871 **Secretary of State** 1. Entity Name 04-29-2004 90207 035 ***150.00 MOBILE MANAGEMENT CORP. Principal Place of Business Mailing Address 970 NORTH-CONGRESS AVE 970 NORTH CONGRESS AVE 94070416 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address 1000 NORTH CONGRESS AVE 1000 NORTH CONGRESS AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) SUITE SUITE City & State City & State 4. FEI Number Applied For 65-0986325 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUDE - HARALD DUDE, HARALD Street Address (P.O. Box Number is Not Acceptable) 1000 NORTH CONGRESS AVE., SUITE H -970 NORTH CONGRESS AVE WEST PALM BEACH FL 33409 WEST PALM BEACH 8. The above named entire submits this statem ent 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 tered ager APRIL 20, 2004 HARALO ULDE, PRESIDENT FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE Delete TITLE Change Addition DUDE, HARALD DUDE, HAROLD NAME NAME 1000 NORTH CONGRESS AVENUE, SUITE H 970 NORTH CONGRESS AVE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP .CITY-ST-ZIP. ... -TITLE Delete TITLE Change_ Addition NAME* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information superfied with this filing does not qualify 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 tree 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 or an attachment with an address with all other like empowered.

HARALD DUDE, PRES. APRIL 20, 2004 (561) 7/2-4622
ING OFFICER OR DIRECTOR

Date

Date SIGNATURE: