

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90085 046 ***158.75

DOCUMENT # P00000018871

1. Entity Name
MOBILE MANAGEMENT CORP.



Principal Place of Business
**1000 NORTH CONGRESS AVE., STE H
WEST PALM BEACH, FL 33409**

Mailing Address
**1000 NORTH CONGRESS AVE., STE H
WEST PALM BEACH, FL 33409**

40075979

2. Principal Place of Business - No P.O. Box #
970 N CONGRESS
Suite, Apt. #, etc.
SUITE C

3. Mailing Address
970 N CONGRESS
Suite, Apt. #, etc.
SUITE C

City & State
WEST PALM BEACH, FL
Zip
33409 Country

City & State
WEST PALM BEACH FL
Zip
33409 Country

04182007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0986325

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUDE, HARALD
1000 NORTH CONGRESS AVE., STE H
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name
DUDE, HARALD
Street Address (P.O. Box Number is Not Acceptable)
1450 ENCLAVE CIR
City
WEST PALM BEACH FL Zip Code
33411

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

[Signature]

HARALD DUDE

4/17/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DUDE, HARALD 1000 NORTH CONGRESS AVE., STE H WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DUDE, HARALD 1450 ENCLAVE CIR WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature]

HARALD DUDE

4/17/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #