## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State **DOCUMENT # P00000025977** 06-17-2005 90002 021 \*\*\*550.00 J L MOBILE SYSTEMS, INC. Principal Place of Business Mailing Address 12525 ORANGE DR. 12525 ORANGE DR. FORT LAUDERDALE, FL. 33330 FORT LAUDERDALE, FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05312005 CR2E034 (10/03) Chq-P Applied For 4 FEI Number City & State City & State 65-0990144 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name-RIOS, LEOPOLDO Street Address (P.O. Box Number is Not Acceptable) 2800 GLADES CIR. STE. E-102 HIALEAH, FL 33012 Zip Code 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, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TREASUREL URDANETA ROCEL A 12525 DRANGE DLIVE, Sui TE 711 DAVIE FL 33330 TITLE ☐ Delete Change URDWETA, ROGER A NAME NAME STREET ADDRESS 12525 ORANGE DR STE 711 STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33330** CITY-ST-ZIP vice president a secretary THE ☐ Delete TITLE ☐ Addition Bello, Cesar A **BELLO, CESAR A** NAME NAME TI SW 107 AVE EMBLOKE FINET FL 33025 STREET ADORESS 9620 NW 2ND ST APT 305 STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 CITY-ST-ZIP Change Addition ☐ Delete TITLE PRESIDENT GONZALEZ, JUAN C ONZALEZ JUAN C BAL NW 74th STREET BEMBROKE PLAST FL ST NAME NAME STREET ADORESS 7462 NW 23RD ST STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete MASA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TIME ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITS F ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 true of propowered 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 gradgless, with all otherwise empowered.

**FILED** 

Jun 17, 2005 8:00 am