



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90015 039 \*\*\*150.00

<b>DOCUMENT # P01000079291</b> 1. Entity Name <b>MOBARA AMERICA, INC.</b>					
Principal Place of Business <b>4763 NW 103 AVENUE BAY 20 SUNRISE, FL 33351</b>			Mailing Address <b>4763 NW 103 AVENUE BAY 20 SUNRISE, FL 33351</b>		
2. Principal Place of Business <b>4763 NW 103 Ave Suite, Apt. #, etc. Bay 20</b>		3. Mailing Address <b>4763 NW 103 Ave Suite, Apt. #, etc. Bay 20</b>		<b>94027912</b>  	
City & State <b>Sunrise Florida</b>		City & State <b>Sunrise Florida</b>		4. FEI Number <b>65-1131862</b>	
Zip <b>33351</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MORALES, MARIA 4763 NW 103 AVENUE BAY 20 SUNRISE, FL 33351</b>				7. Name and Address of New Registered Agent Name <b>Maria Morales</b> Street Address (P.O. Box Number is Not Acceptable) <b>4763 NW 103 Ave</b> City <b>Sunrise FL</b> Zip Code <b>33351</b>	
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 <b>[Signature]</b> <b>Maria Morales</b> DATE <b>03/08/04</b> <small>Signature, typed or printed name of registered agent, and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIAZ PELAYO, JOAN JOSEP</b> <b>1440 CORAL RIDGE DRIVE, #217</b> <b>CORAL SPRINGS, FL 33071</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>MORALES, MARIA C</b> <b>4763 NW 103 AVENUE</b> <b>SUNRISE, FL 33351</b>	<input type="checkbox"/> Delete	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: <b>[Signature]</b> <b>Maria Morales</b> DATE <b>03/08/04</b> DAYTIME PHONE # <b>9547489750</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					