


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90020 001 \*\*\*150.00

<b>DOCUMENT # P02000053338</b> 1. Entity Name <b>MOBIUS MANAGEMENT, INC.</b>																													
Principal Place of Business <b>800 W. CYPRESS CREEK RD. SUITE 470 FT. LAUDERDALE, FL 33309 US</b>			Mailing Address <b>800 W. CYPRESS CREEK RD. SUITE 470 FT. LAUDERDALE, FL 33309 US</b>																										
2. Principal Place of Business - No P.O. Box # <b>800 W. CYPRESS CREEK RD.</b> Suite, Apt. #, etc. <b>SUITE 465</b> City & State <b>FT. LAUDERDALE, FL</b> Zip Country <b>33309 US</b>		3. Mailing Address <b>800 W. CYPRESS CREEK RD.</b> Suite, Apt. #, etc. <b>SUITE 465</b> City & State <b>FT. LAUDERDALE, FL</b> Zip Country <b>33309 US</b>																											
6. Name and Address of Current Registered Agent  <b>LEGEL, LARRY 800 W. CYPRESS CREEK RD. SUITE 470 FT. LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>																									
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
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4. FEI Number **22-3886775** Applied For ☐ Not Applicable ☐

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

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Larry Legel* **LARRY LEGEL, P** 2/27 954 4938900