2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED
Mar 14, 2005 08:00 AM
Secretary of State

1. Entity Nan MOBILI II	NTERNATIONALE, INC.				Sec	cretary of State	e
4319 NORTI	e of Business HWEST 35TH TERRACE E, FL 32605	Mailing Address 4319 NORTHWEST 35TH TERI GAINESVILLE, FL 32605	RACE				
1 .35æ15 ∰							
ri desa salesta sales	O NOT WRITE	N THIS SPA	CE	03022005 4. FEI Numbe	No Chg-P	CR2E034 (10/03) Applied For	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				04-367	3339	Not Applicab	Яе
	6. Name and Address of Current Re	istered Agent		5. Certificate	of Status Desired	Fee Required	aiw.
MIAMI, FL	HAROLD A THWEST 35TH TERRACE 33145			N.	NOT W	ACE	
The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or register	ed agent, or bot	h, in the State of Flo	rida. I am familiar with, and accep	νŧ
SIGNATURE	Signature, typed or printed name of registered agent and t	tie if applicable. (NOTE: Frequence	ed Agent signature required	when reinstation)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	noing _ \$5.	00 May Be ed to Fees			
10.	OFFICERS AND DIA	ECTORS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				7.
INILE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LINDEN, HAROLD A 4319 NORTHWEST 35TH TERRAC GAINESVILLE, FL 32605	E					4.000
TITLE NAME STREET AUDRESS CITY-ST-ZIP					03/14/05 03/14/05	0262684 -60064-019 150.00	THE STATE
TITLE NAME STREET ADDRESS CITY-S1-ZIP			100 mg 100 m 100 mg 100 mg	DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP			and the second s	alles en		ACE	
TITLE MAME STREET ADDRESS CITY-ST-ZIP							भागा स्थान
TITLE NAME STREET ADDRESS CITY-ST-ZIP			To age in the control of the control				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12. I hereby of indicated of the corp changed,	rertify that the information supplied with this on this report or supplemental report is true coration or the receiver or trustee empower or on an attachment with an address, with the coration of the receiver or trustee.	e and accurate and that my signated to execute this report as requi- all other like empowered.	mption stated in Secture shall have the stared by Chapter 607,	tion 119.07(3)(i) ame legal effect Florida Statutes	, Florida Statutes, I i as if made under or and that my name	further certify that the information	f