2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 29, 2004 8:00 am DOCUMENT:# P02000107938 Secretary of State 04-29-2004 90207 033 ***150.00 MOBILE TRANSACTIONS MANAGEMENT, INC Principal Place of Business Mailing Address 970 NORTH CONGRESS AVENUE 970 NORTH CONGRESS AVENUE WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address 1000 NORTH CONGRESS AVE. 1000 NORTH CONGRESS AVE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE SUITE SUITE City & State Applied For 4. FEI Number EST PALM BEACH, FL WEST PALMBEACH 13-4217733 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IARALIS DUDE, HARALD Street Address (P.O. Box Number is Not Acceptable) OOO NORTH CONGRESS AVENUE, SUITE H 970 NORTH CONGRESS AVENUE WEST PALM BEACH FL 33406 CityWEST PALM BEACH 8. The above famed entity entimits 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 reg DUDE, PRESIDENT SIGNATUR d or orinted name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete Change TITLE TITLE DUDE, HARALD DUDE, HARALD NAME NAME 1000 NORTH CONGRESS AVENUE, SUITE H STREET ADDRESS 970 NORTH CONGRESS AVENUE STREET ADDRESS WEST PALM BEACH FL 33409 WEST PALM BEACH, FL 33409 CITY-ST-7IP CITY-ST-7/P Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP

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SIGNATURE: HARALO O UDE PRESIDENT APRIL 20, 2004 (561) 712-462

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 of supplemental report is frue 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 at other like empowered.