

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90003 019 ***150.00

DOCUMENT # P03000068875

1. Entity Name
MOBILE PIG BANK, CORP.



Principal Place of Business
**P.O. BOX 612163
NORTH MIAMI, FL 33261**

Mailing Address
**P.O. BOX 612163
NORTH MIAMI, FL 33261**

44045932



05042004: Chg-P - CR2E034 (10/03).

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

90-0097839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOUADIO, NGUESSAN
1525 NE 125 STREET
APTO. #111
NORTH MIAMI, FL 33161**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KOUADIO, NGUESSAN
STREET ADDRESS 1525 NE 125 STREET #111
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE VD ☐ Delete
NAME HENRIETTE, KOFFIANA
STREET ADDRESS P.O. BOX 612163
CITY-ST-ZIP NORTH MIAMI, FL 33261

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME NGUESSAN KOUADIO
STREET ADDRESS 1155 N.W. Medina ST
CITY-ST-ZIP OPA LOCKA FL

TITLE ☒ Change ☐ Addition
NAME Henriette KOFF;
STREET ADDRESS SAME
CITY-ST-ZIP Sec 10

TITLE ☐ Change ☒ Addition
NAME KEY TWANNA M. MONROE
STREET ADDRESS
CITY-ST-ZIP KEYTWANNA M. MONROE

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NGUESSAN KOUADIO 5/26/04

Date

Daytime Phone #

786-317-8673