2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-17-2005 90027 001 ***150.00
03-17-2005 90027 002 *****8.75
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SECRETARY OF STATE
66005878 TALLAHASSEE, FLORIDA

DOCUMENT # P03000068875

1. Entity Name
MOBILE PIG BANK, CORP.

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

DO NOT WRITE IN THIS SPACE

03102005 No Chg-P CR2E034 (10/03)

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

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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) DATE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOUADIO, NGUESSAN
STREET ADDRESS	1155 NW MEDINA ST
CITY-ST-ZIP	OPALOCKA, FL
TITLE	VD
NAME	KOFFI, HENRIETTE
STREET ADDRESS	1155 NW MEDINA ST
CITY-ST-ZIP	OPALOCKA, FL
TITLE	SD
NAME	MONROE, KEYTWANNA M
STREET ADDRESS	1155 NW MEDINA ST
CITY-ST-ZIP	OPALOCKA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: NGUESSAN KOUADIO 3/11/05 7863178673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/25