


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90205 025 ***150.00

DOCUMENT # P03000068875	
1. Entity Name MOBILE PIG BANK, CORP.	

Principal Place of Business 3020 NW 95 TR MIAMI FL 33147	Mailing Address PO BOX 612163 NORTH MIAMI FL 33261
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2. Principal Place of Business - No P.O. Box # 3020 NW 95 TR	3. Mailing Address P.O. BOX 612163
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

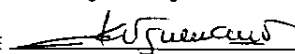
City & State MIAMI, FL	City & State N. MIAMI, FL
Zip 33147	Zip 33261
Country USA	Country USA

4. FEI Number 90-0097839	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KOUADIO, NGUESSAN 1525 NE 125 STREET APTO. #111 NORTH MIAMI FL 33161	
7. Name and Address of New Registered Agent Name KOUADIO, N'GUESSAN Street Address (P.O. Box Number is Not Acceptable) 1525 NE 125 ST. APT #111 City N. MIAMI FL Zip Code 33161	

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  DATE **04/15/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div>PD</div> <div>KOUADIO, NGUESSAN</div> <div>3020 NW 95 TR</div> <div>MIAMI FL 33147</div> </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div>VD</div> <div>KOFFI, HENRIETTE</div> <div>1155 NW MEDINA ST</div> <div>OPALOCKA FL</div> </div> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <div></div> <div></div> <div></div> </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <div></div> <div></div> <div></div> </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <div></div> <div></div> <div></div> </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <div></div> <div></div> <div></div> </div> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div>LD</div> <div>N'TAKPE ABITO</div> <div>725 FORESTERIA DRIVE APT #1</div> <div>LAKE PARK, FL 33403</div> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <div></div> <div></div> <div></div> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <div></div> <div></div> <div></div> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <div></div> <div></div> <div></div> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **04/15/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR