2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

VIGION OF CORPORATION DOCUMENT # P03000095727 04 MAY 28 PM 3: 02 MOJO SCOOTERS, INC. Principal Place of Business Mailing Address C/O DFS 7985 113TH STREET C/O DFS 7985 113TH STREET SUITE 220 SUITE 220 SEMINOLE, FL 33772 SEMINOLE, FL 33772 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 Chg-P CR2E034 (10/03) City & State City & State ▼ Applied For 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRESLIN FINANCIAL SERVICES, INC. -7985 113TH STREET Street Address (P.O. Box Number is Not Acceptable) **SUITE 220** SEMINOLE, FL 33772 City Zip Code 6. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE :8 \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE IIILE ☐ Delete P, VP, S, T Change 19 Addition DominiCK RADONE NALAF NAME 1273 I FRANK BRIVE NONTH STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP Sominult, FC 33776 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST- ZIP CITY-\$1-ZIP TILE Delete TITLE Ti Change Ti Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 oxydistee empowereque executed his 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 a other like impowered. SIGNATURE:

NING OFFICER OF DIRECTOR

5/6/2004-90172-034-\$150.00-\$150.00