


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2007 8:00 am**  
**Secretary of State**

08-01-2007 90034 015 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P04000014419</b>                                   |  |
| 1. Entity Name<br><b>MOBILE SOLUTIONS OF SOUTH FLORIDA, INC.</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>7535 N KENDALL DR<br/>MIAMI, FL 33156</b> | Mailing Address<br><b>19900 NE 36 PLACE<br/>AVENTURA, FL 33180</b> |
|---|--|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |



07162007 Chg-P CR2E034 (12/06)

|                                    |   |   |
|------------------------------------|---|---|
| 4. FEI Number<br><b>30-0224574</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
|------------------------------------|---|---|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b>          |
| <b>WAHBA, ELIE<br/>19900 NE 36 PLACE<br/>AVENTURA, FL 33180</b> |

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| FL Zip Code  |

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS |                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | P <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WAHBA, ELIE                       | NAME  |   |
| STREET ADDRESS             | 19900 NE 36 PLACE                 | STREET ADDRESS  |   |
| CITY- ST- ZIP              | AVENTURA, FL 33180                | CITY- ST- ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY- ST- ZIP              |                                   | CITY- ST- ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY- ST- ZIP              |                                   | CITY- ST- ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY- ST- ZIP              |                                   | CITY- ST- ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| 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 exemptions contained in Chapter 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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/20/07** Daytime Phone # \_\_\_\_\_