

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058991

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: C-MOBILITY DISTRIBUTION INC.

**Current Principal Place of Business:**

640 W HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

640 W HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

FEI Number: 20-0970437      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOTAL, PATRICK  
208 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024      US

**Name and Address of New Registered Agent:**

MOYAL, PATRICK  
208 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024      US

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.

SIGNATURE: PATRICK MOYAL      04/25/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SOTO, ROBERT F  
Address: 11330 SW 69 LN  
City-St-Zip: MIAMI, FL 33173

Title: D      ( ) Delete  
Name: GUIGNARD, ALEXANDRE M  
Address: 640 W HALLANDALE BEACH BLVD  
City-St-Zip: HALLANDALE BEACH, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUIGNARD, ALEXANDRE M.      D      04/25/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date