## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90179 041 \*\*\*150 00

Zip Country	DOCUMENT # P04000073222  1. Entity Name MOBO ENTERPRISES, INC.								04-29-2005	901 /9 04	1 ****150	).00	
Suito, Apt. #, etc.  City & State  City & State  City & State  Country  Country  S. Certificate of Status Desired  S. Name and Address of Currant Registered Agant  Fee Required  Fee Required  Fee Required  Fee Required  Stroot Address (P.O. Box Number is Not Acceptable)  Stroot Address (P.O. Box Number is Not Acceptable)  FL 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 the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and fam	PO BOX 41673 P				PO BOX 41673				TFIIF ZIGO OYNI GONL O	om cou arra (l	5004	4660	
City & State    City & State   City & State   City & State   City & State   Country   City   Country   Status Desired   Statu	2. Principal Place of Business				3. Mailing Address								
Signature   Sign	Suite, Apt. #, etc.				Suite, Apt. #, etc.						34 (10/03)		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. De Number is Not Acceptable  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 the obligations of registered agent.  SIGNATURE  Signature, howed a prefet family agent and life # applicable.  POTE: Registered Agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of Florida. I am familiar with, and the obligation of Florida. I am familiar with, and the obligation of Florida. I am familiar with, and the obligation of Florida. I am familiar with, and the obligation of Florida. I am familiar with, and the obligation of Florida. I am familiar with, and the obligation of Florida. I am fam	City & State				City & State			4. FEI Numbe	20-1125	5674	<del></del>	plied For Applicable	
BADZINSKI, MIECZYSLAW 1565 CANTERBURG, FL 33710    City   FL   Zip Code	Zip 	Zip Country			p	Coun	ntry	5. Certificate of Status Desired Search \$8.75 Additional Fee Required					
Street Address (P.O. Box Number is Not Acceptable)		6. Name ar	nd Address of Curren	t Registe	red Agent								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Signature   Si	1565 CANTERBURY ROAD NORTH												
B. 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 the obligations of registered agent.  SIGNATURE  Signature, head or privid name of ingettered agent and the if application. (NOTE: Registered Agent separate required when rematancy)  DATE  FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  TILE  OFFICERS AND DIFFECTORS  TITLE  DADATIONS/CHANGES TO OFFICERS AND DIFFECTORS IN ITILE  MAME  SIREET ADDRESS  CITY-S1-2P  TITLE  Delete  TITLE  MAME  SIREET ADDRESS  CITY-S1-2P  TITLE  Delete  TITLE  Delete  TITLE  MAME  SIREET ADDRESS  CITY-S1-2P  TITLE  Delete  TITLE  MAME  SIREET ADDRESS  CITY-S1-2P  TITLE  Delete  TITLE  MAME  SIREET ADDRESS  CITY-S1-2P  TITLE  Change	SIPETER	KSBURG, FL	. 33/10										
THE OBIGATIONS OF registered agent.  SIGNATURE  Signature, typed or privided name of registered agent and total a postcocide.  POTE: Registered Agent argument/or required when remaining)  Potential Properties of Added to Fees  ITILE  BADZINSKI, MIECZYSLAW  POBOX 41673  SIREET ADDRESS  CITY-S1-2IP  ITILE  INAME  SIREET ADDRESS  CITY-S1-2IP  ITILE  NAME  SIREET ADDRESS  CITY-S1-2IP  ITILE  CITY-S1-2IP  ITILE  NAME  SIREET ADDRESS  CITY-S1-2IP  ITILE  C													
FILE NOWILI FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIREET ADDRESS CITY-S1-2IP  TITLE NAME NAME SIREET ADDRESS CITY-S1-2IP  TITLE SIREET ADDRESS CITY-S1-2IP  TI	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.												
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10.	SIGNATURE.	Signeture, typed or p	printed name of registered age	nt and bitle if a	applicable. (NOT	E: Registere	ed Agent signature require	d when roustating)		DATE		- <del></del>	
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STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP					STR CIT	ME IEET ADDRESS Y-ST-ZIP					Addition	

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:	hicaynow	Dadwirk'	MIECZYSLAW	BADZINSKI	04/	23/2005	
	SIGNATURE AND TY	PED OR PRINTED NAME OF SIG	SNING OFFICER OR DIRECTOR		Date	Daytime Phone #	