## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2008 08:00 AN Secretary of State DOCUMENT # P04000073222 1. Entity Name MOBO ENTERPRISES, INC. Principal Place of Business Mailing Address PO BOX 41673 PO BOX 41673 ST PETERSBURG, FL 33743-1673 ST PETERSBURG, FL 33743-1673 04282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For <u>20-1125674</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BADZINSKI, MIECZYSLAW DO NOT WRITE 1565 CANTERBURY ROAD NORTH ST PETERSBURG, FL 33710 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS D TITLE BADZINSKI, MIECZYSLAW NAME U00000940616 '28/08-80074-018 150.00 STREET ADDRESS PO BOX 41673 ST PETERSBURG, FL 337431673 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS 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 Justee 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 attact meny with an address, with all other like empowered.

**SIGNATURE** 

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS

MIFCZYSLAW BADZINSKI

777) 793-7897 041

**FILED**