
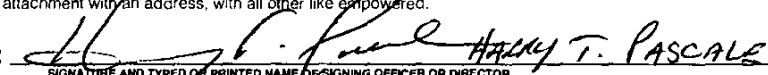


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90274 005 ***150.00

DOCUMENT # P04000079973					
1. Entity Name MOBILE TOURS INCORPORATED					
Principal Place of Business P.O. BOX 39771 FT LAUDERDALE, FL 33339 US			Mailing Address P.O. BOX 39771 FT LAUDERDALE, FL 33339 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 201137853	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PASCALE, HARRY T 5930 NE 21 CIRCLE FT LAUDERDALE, FL 33308				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PASCALE, HARRY T		NAME		
STREET ADDRESS	5930 NE 21 CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS	5930 NE 21 CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	D VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE MICHELE, FABIO		NAME		
STREET ADDRESS	5930 NE 21 CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		CITY-ST-ZIP		
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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 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: 			Date: 4-20-05		Daytime Phone #: 772-8952
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

20041496



01062005 Chg-P CR2E034 (10/03)

4. FEI Number **201137853**

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

PASCALE, HARRY T
5930 NE 21 CIRCLE
FT LAUDERDALE, FL 33308

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

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STREET ADDRESS			STREET ADDRESS		
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SIGNATURE:  Date: 4-20-05 Daytime Phone #: 772-8952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #