

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000084834

1. Entity Name  
MOBILE EXCHANGE, CORP.



Principal Place of Business  
7339 NW 56 ST  
MIAMI, FL 33166 US

Mailing Address  
7339 NW 56 ST  
MIAMI, FL 33166 US

**FILED**  
**Jul 25, 2008 08:00 AM**  
**Secretary of State**



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>20-1178702                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HERZ, ABBAS  
9001 SW 77TH AVE  
#501  
MIAMI, FL 33150

**DO NOT WRITE  
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 \_\_\_\_\_  
Signature is the printed name of registered agent and the 4 space code. (NOTE: Registered Agent may state resident when necessary.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

|                                                |                                                                 |
|------------------------------------------------|-----------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HERZ, ABBAS<br>9001 SW 77TH AVENUE #501<br>MIAMI, FL 33150 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 |

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07/25/08-80003-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions described 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: K. Abbas Herz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/25/08 345-885-7818  
Date Date/Time