### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### OCUMENT # P05000017785

. Entity Name MOBILE SERVICE ELECTRONICS, INC.

Principal Place of Business

541 S. STATE RD 7, (1) MARGATE, FL 33068

PIERCE, RONALD

2501 RIVERSIDE DRIVE APT. 303 CORAL SPRINGS, FL 33065 Mailing Address

77051B

ing Flority 33077-0578

# FILED May 17, 2007 8:00 am Secretary of State

05-17-2007 90033 008 \*\*\*150.00

4011300-



### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01192007 No Chg-P

CR2E034 (11/05)

4. FEI Number 84-1668341 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

J. Certificate of Status

ree Kequii

## DO NOT WRITE IN THIS SPACE

				IN I	HIS SPACE	
8. The above the obligat	$\boldsymbol{\rho}$ enamed entity submits this statement for the $\boldsymbol{\rho}$ tions of registered agent.	ourpose of changing its registe	red office or i	registered agent, or both	n, in the State of Florida. I am famili	ar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title i	f app <del>licable. (NOTE: Register</del>	ed Agent signatur	e required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERCE, RONALD 2501 RIVERSIDE DRIVE APT. 303 CORAL SPRINGS, FL 33065	TORS			· -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					-	
TITLE NAME STREET ADDRESS					·** · · · · · · · · · · · · · · · · · ·	

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 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: 44

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

94-323 -43/6