


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90018 050 ***150.00

DOCUMENT # P05000033020 1. Entity Name MOB RUNNER EXPRESS ENTERPRISES, INC.					
Principal Place of Business 6037 SW 40TH STREET MIRAMAR, FL 33023			Mailing Address 6037 SW 40TH STREET MIRAMAR, FL 33023		
2. Principal Place of Business 1000 SW 196th Ave			3. Mailing Address 1000 SW 196th Ave		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Pembroke Pines FL			City & State Pembroke Pines FL		
Zip 33029			Zip 33029		
Country USA			Country U.S.A.		
4. FEI Number 20-2438668				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> -\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JAHALUDIN, RASHEED 6037 SW 40TH STREET MIRAMAR, FL 33023			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1000 SW 196th Ave City Pembroke Pines FL Zip Code 33029		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P,VP JAHALUDIN, RASHEED 6037 SW 40TH STREET MIRAMAR, FL 33023 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP, S, T Jahhaludin Rashad. 1000 SW 196th Ave Pembroke Pines FL 33029 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ 2-18-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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