## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000056820

City-St-Zip:

Entity Name: THE MOBILE ZONE OF USA, INC

FILED Jan 25, 2007 Secretary of State

Littly Nai	ille. THE MC	DBILL ZONE OF USA, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
3800 TAM OLDSMAF	PA ROAD R, FL 34677					
Current Mailing Address:			New Mailing Address:			
3800 TAMI OLDSMAF	PA ROAD R, FL 34677					
FEI Number:	: 20-2924334	FEI Number Applied For()	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
CHAU, KH 3800 TAM OLDSMAF		US				
	named entity e of Florida.	submits this statement for the	e purpose of changing it	ts registered office or registered agent, or both,		
SIGNATU	RE:					
	Electro	onic Signature of Registered A	Agent	Date		
Election Car	mpaign Financi	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( CHHABRA, S/ 3800 TAMPA OLDSMAR, F	ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D ( CHAU, KHANI 3800 TAMPA OLDSMAR, F	ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D ( OBEREI, DEE 3800 TAMPA OLDSMAR, F	ROAD	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition OBERAI, DEEPESH 3800 TAMPA ROAD OLDSMAR, FL 34677		
Title: Name: Address:	(	) Delete	Title: Name: Address:	D ( ) Change (X) Addition VINEET, GUPTA 3800 TAMPA ROAD		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

OLDSMAR, FL 34677

SIGNATURE: KHANH CHAU D 01/25/2007