2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000056820

3800 TAMPA ROAD

OLDSMAR, FL 34677

Address:

City-St-Zip:

FILED Apr 22, 2009 Secretary of State

Entity Name: THE MOBILE ZONE OF USA, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
3800 TAMI OLDSMAR	PA ROAD R, FL 34677		3800 TAMPA ROAD STE. 110 OLDSMAR, FL 34677		
Current M	ailing Addres	ss:	New Mailing Address:	New Mailing Address:	
3800 TAMI OLDSMAR	PA ROAD R, FL 34677		3800 TAMPA ROAD STE. 110 OLDSMAR, FL 34677		
FEI Number:	20-4759326	FEI Number Applied For ()	FEI Number Not Applicable()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
YUPIA, VINEET 3800 TAMPA ROAD OLDSMAR, FL 34677 US			2240 TWELVE OAKS W STE. 102	PUNWANI, AMEET A CPA 2240 TWELVE OAKS WAY STE. 102 WESLEY CHAPEL, FL 33544 US	
	named entity see of Florida.	submits this statement for the purp	pose of changing its registered	office or registered agent, or both,	
SIGNATURE: AMEET A. PUNWANI				04/22/2009	
	Electron	nic Signature of Registered Agent		Date	
Election Car	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () CHHABRA, SAC 3800 TAMPA R OLDSMAR, FL	OAD	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D () OBERAI, DEEP 3800 TAMPA R OLDSMAR, FL	OAD	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () VINEET, GUPT 3800 TAMPA R OLDSMAR, FL	OAD	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name:	D () GOMEZ, SETH) Delete	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: AMEET A. PUNWANI **CPA** 04/22/2009