


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90025 001 \*\*\*150.00

<b>DOCUMENT # P07000106688</b>	
1. Entity Name <b>UNITED MOBILE SERVICES INCORPORATED</b>	

Principal Place of Business <b>155 RIVERA COURT ROYAL PALM BEACH, FL 33411</b>	Mailing Address <b>155 RIVERA COURT ROYAL PALM BEACH, FL 33411</b>
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2. Principal Place of Business - No P.O. Box # <b>155 Rivera Court</b>	3. Mailing Address <b>155 Rivera Court</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Royal Palm Beach, FL</b>	City & State <b>Royal Palm Beach, FL</b>
Zip <b>33411</b>	Zip <b>33411</b>
Country <b>USA</b>	Country <b>USA</b>



02082008 Chg-P CR2E034 (12/06)

4. FEI Number <b>26-1135221</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>BRUNO, ALEX 155 RIVERA COURT ROYAL PALM BEACH, FL 33411</b>	

7. Name and Address of New Registered Agent	
Name _____	
Street Address (P.O. Box Number is Not Acceptable) _____	
City _____	State <b>FL</b> Zip Code _____

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:  **Alex Bruno** DATE: **12 Feb 08**

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BRUNO, ALEX 155 RIVERA COURT ROYAL PALM BEACH, FL 33411</b> <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:  **Alex Bruno** DATE: **12 Feb 08** DAYTIME PHONE: **503-754-2841**