


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P07000121906 1. Entity Name INCREDIBLE MOBILE ENTERTAINMENT, CORP.	
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Principal Place of Business 4920 NW 79TH AVE., UNIT 302 DORAL, FL 33166	Mailing Address 4920 NW 79TH AVE., UNIT 302 DORAL, FL 33166
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02142008 No Chg-P CR2E034 (11/05)

4. FEI Number 26-1396952	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KADID, ANA Z 4920 NW 79TH AVE., UNIT 302 DORAL, FL 33166

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KADID, ANA Z 4920 NW 79TH AVE., UNIT 302 DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GONZALEZ, JOSE E 4920 NW 79TH AVE., UNIT 302 DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000855432
03/27/08-80049-015 8.75

U00000855432
03/27/08-80049-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-08 305-965-3380
Date Daytime Phone #