

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000100384

Entity Name: MOBS CONSULTING INC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16001 COLLINS AVENUE  
1207  
SUNNY BEACH ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

16001 COLLINS AVENUE  
1207  
SUNNY BEACH ISLES, FL 33160

**New Mailing Address:**

FEI Number: 45-3844111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARFI, ORLEE  
16001 COLLINS AVENUE  
1207  
SUNNY ISLES BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MENDEL, ORLEE  
Address: 16001 COLLINS AVENUE, #1207  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: ORLEE ARFI

P

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date