


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 26, 2005 8:00 am**  
**Secretary of State**


08-26-2005 90002 020 \*\*\*150.00

<b>DOCUMENT # P93000039055</b> 1. Entity Name NORTH MIAMI MOBIL SERVICE, INC.	
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Principal Place of Business 1600 N.E. 123RD STREET NORTH MIAMI, FL 33181	Mailing Address 1600 N.E. 123RD STREET NORTH MIAMI, FL 33181
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**DO NOT WRITE IN THIS SPACE**

**50063531**



08102005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0418567</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  CORBO, GUILLERMO 1600 N.E. 123RD STREET NORTH MIAMI, FL 33181
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORBO, GUILLERMO 1600 N.E. 123RD STREET NORTH MIAMI, FL 33181
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IN THIS SPACE**

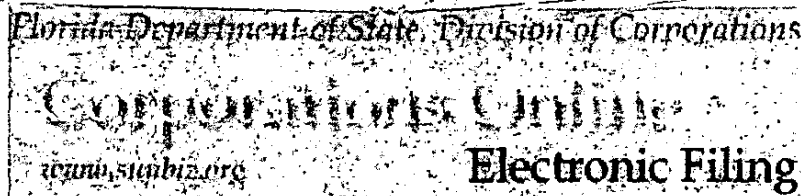
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:**  **8/19/05 (305) 895-6886**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305 200 051358

ATTACHMENT

50063-531



## Sunbiz E-file Account Deposit Slip

Check Number: 4379312 Check Amount: \$150.00

Sunbiz E-file Account Number: P93000039055

Account Name: North Miami Mobile Service Inc.

Mailing Address: 1600 NE 123 St

City: N. Miami State: FL Zip: 33181-2701

Phone: (305) 895-6886 Fax: (305) 895-4460

Contact Person: Guillermo Corbo

Signature: Guillermo Corbo

ATTACHMENT

57063531

Friday, August 19, 2005

Florida Dept. of State  
Division of Corporations  
Corporate Records  
PO Box 6327

Tallahassee, FL 32314

Ref.: North Miami Mobil Service, Inc.

Ref. #: P93000039055

To whom it may concern,  
This is to inform you that we did  
not receive any notices or postcards  
prior to the May 1st deadline. We  
ask that you please waive the late  
fees. Enclosed is the cashiers check,  
which had previously been mailed to  
you, in the amount of \$150.00.  
Also, we are sending you the  
signed renewal annual report form.

Sincerely,  
*Guillermo Corbo*

Guillermo Corbo



ATTACHMENT

50063531

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 10, 2005

NORTH MIAMI MOBIL SERVICE, INC.  
1600 N.E. 123RD STREET  
NORTH MIAMI, FL 33181

SUBJECT: NORTH MIAMI MOBIL SERVICE, INC.  
Ref. Number: P93000039055

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

The fee to file the profit annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

An officer or director must sign the report.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell  
Document Specialist

Letter Number: 305A00051258