

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000060796

FILED
Dec 01, 2009
Secretary of State**Entity Name:** MOBILE SIGN SERVICES, INC.**Current Principal Place of Business:**4381 N.W. 4 STREET
COCONUT CREEK, FL 33066**New Principal Place of Business:****Current Mailing Address:**4381 N.W. 4 STREET
COCONUT CREEK, FL 33066**New Mailing Address:****FEI Number:** 65-0441788**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BUCARO, TIMOTHY
4381 NW 4 STREET
COCONUT CREEK, FL 33066 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:** PTSD () Delete
Name: BUCARO, TIMOTHY
Address: 4381 NW 4 STREET
City-St-Zip: COCONUT CREEK, FL 33066**Title:** D () Delete
Name: MASKOVYAK, KEITH
Address: 2701 S.W. 6TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33312**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: FALCHETTI, FRANCESCO
Address: 124 PINWOOD COURT
City-St-Zip: JUPITER, FL 33458

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.

SIGNATURE: TIMOTHY K BUCARO

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12/01/2009

Electronic Signature of Signing Officer or Director

Date