


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000035842**

1. Entity Name  
**MOBEL, INC.**



Principal Place of Business <b>7060 LION'S HEAD LANE BOCA RATON, FL 33498</b>	Mailing Address <b>7060 LION'S HEAD LANE BOCA RATON, FL 33498</b>
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**DO NOT WRITE IN THIS SPACE**



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0621050</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VIVIES, PATRICK  
700 E. DIANA BEACH BLVD.  
SUITE 202  
DIANA, FL 33004**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	PD <b>MONNIER, RENE 7060 LION'S HEAD LANE BOCA RATON, FL 33498</b>
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02/16/06-80006-021 150.00

**DO NOT WRITE  
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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:** *R. Monnier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_