

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90245 047 \*\*\*158.75

**DOCUMENT # P95000090149**

1. Entity Name  
**MOBILE INFORMATION SERVICES INC.**



Principal Place of Business  
**10211 W. SAMPLE RD  
STE 202  
CORAL SPRINGS, FL 33065 US**

Mailing Address  
**10211 W. SAMPLE RD  
STE 202  
CORAL SPRINGS, FL 33065 US**

**54030454**



04062004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0638517**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**OFRI, JORDAN  
4203 NW 66 DRIVE  
COCONUT CREEK, FL 33073**

Name  
**OFRI, JORDAN**

Street Address (P.O. Box Number is Not Acceptable)  
**4252 NW 1st Drive**

**Deerfield Beach**

City **FL** Zip Code **33442**

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

**4/6/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**P** ☐ Delete

NAME  
**OFRI, JORDAN**

STREET ADDRESS  
**4203 NW 66TH DRIVE**

CITY-ST-ZIP  
**COCONUT CREEK, FL 33073**

TITLE  
**P** ☒ Change ☐ Addition

NAME  
**Ofri, Jordan**

STREET ADDRESS  
**4252 NW 1st Drive**

CITY-ST-ZIP  
**Deerfield Beach, FL 33442**

TITLE  
**VP** ☐ Delete

NAME  
**OFRI, MICHELLE**

STREET ADDRESS  
**4203 NW 66TH DRIVE**

CITY-ST-ZIP  
**COCONUT CREEK, FL 33073**

TITLE  
**VP** ☒ Change ☐ Addition

NAME  
**Ofri, Michelle**

STREET ADDRESS  
**4252 NW 1st Drive**

CITY-ST-ZIP  
**Deerfield Beach, FL 33442**

TITLE  
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
☐ Change ☐ Addition

NAME

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TITLE  
☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/04**

Date

**954 227 7729**

Daytime Phone #