

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000034025 1. Entity Name (MOBILARES, INC.)	
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Principal Place of Business 1752 N.E MIAMI GORDON DR NORTH MIAMI BEACH, FL 33180	Mailing Address 1752 N.E MIAMI GORDON DR NORTH MIAMI BEACH, FL 33180
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FCI Number 59-3565642	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JACOBS, ERIC A
12550 BISCAYNE BLVD. #405
FORT LAUDERDALE, FL 33301**

**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 _____ (NOTE: Registered Agent signature required when removing) DATE _____

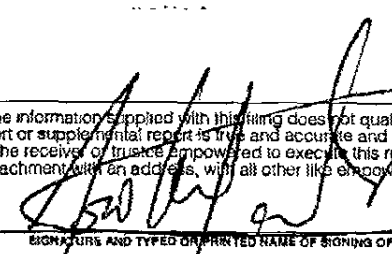
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, JOSE 18514 W DIXIE HWY NORTH MIAMI BEACH, FL 33180
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01/16/04-80038-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1/12/04 205 936-0558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #