

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90147 007 ***150.00

DOCUMENT # P98000052426

1. Entity Name
CYPRESS MOBIL, INC.



Principal Place of Business Mailing Address

10739 W ATLANTIC BLVD
 CORAL SPRINGS FL 33071
 US

6097 N.W. 79TH WAY
 PARKLAND FL 33067
 US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

9903 NW 39th Ct

1st MOORE CR2E034 (10/05)

City & State City & State

Zip Country Zip Country

Coral Springs, FL 33065 USA

4. FEI Number Applied For

65-0843580 Not Applicable

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

6. Name and Address of Current Registered Agent

MARAGLINO, ANTHONY
 6097 N.W. 79TH WAY
 PARKLAND FL 33067

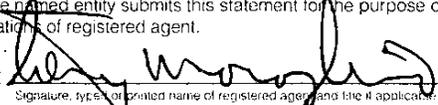
7. Name and Address of New Registered Agent

Name: **Tony Maraglino**

Street Address (P.O. Box Number is Not Acceptable):
9903 NW 39th Ct

City: **Coral Springs** FL Zip Code: **33065**

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:  DATE: _____

Signature, type or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when constituting)

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MARAGLINO, ANTHONY	6097 N.W. 79TH WAY	PARKLAND FL 33067	<input type="checkbox"/>
D	MARAGLINO, GRACE	6097 N.W. 79TH WAY	PARKLAND FL 33067	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		9903 NW 39th Ct	Coral Springs, FL 33065	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR