2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90011 027 ***150.00

04022004 Chg-P CR2E034 (10/03)

DOCUMENT # V42500

1. Entity Name
SOUTH FLORIDA MOBILITY, INC.

Principal Place of Business	Mailing Address
830 E OAKLAND PARK BLVD SUITE 110 FT LAUDERDALE, FL 33334	830 E OAKLAND PARK BLVD SUITE 110 FT LAUDERDALE, FL 33334

2. Principal Place of Business	3. Mailing Address
1404 SW 13th Court	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano, FL	City & State:
Zip: 33069 Country: U.S.A.	Zip: Country:

4. FEI Number: 65-0337655 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~BRITTON, CAREY J.~~
830 E. OAKLAND PK., BLVD., SUITE 110
FT. LAUDERDLAE, FL 33334

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable): 1404 SW 13th Court
City: Pompano FL Zip Code: 33069

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	BRITTON, CAREY J	
STREET ADDRESS	830 E OAKLAND PARK BLVD	
CITY-ST-ZIP	FT LAUDERDALE, FL	

(Five further blank officer/director blocks: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, ☐ Delete)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME	BRITTON, CAREY J. - ADDRESS	
STREET ADDRESS	1404 SW 13th CT	
CITY-ST-ZIP	Pompano Beach, Fl 33069	

(Five further blank blocks: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, ☐ Change ☐ Addition)

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] 4/6/04 954-946-5793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #