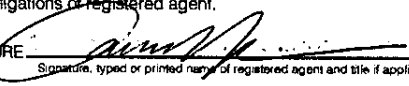
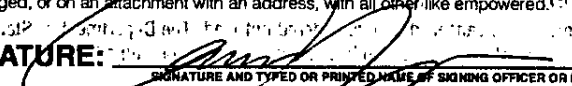


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90011 027 ***150.00

DOCUMENT # V42500			
1. Entity Name SOUTH FLORIDA MOBILITY, INC.			
Principal Place of Business 830 E OAKLAND PARK BLVD SUITE 110 FT LAUDERDALE, FL 33334		Mailing Address 830 E OAKLAND PARK BLVD SUITE 110 FT. LAUDERDALE, FL 33334	
2. Principal Place of Business 1404 SW 13th Court		3. Mailing Address 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. LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent Same 1404 SW 13th Court Pompano FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRITTON, CAREY J 830 E OAKLAND PARK BLVD FT LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRITTON, CAREY J. 1404 SW 13th Ct Pompano Beach, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/6/04 Daytime Phone: 954-946-5798	