2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-06-2005 90033 032 ***158.75

FILED V42500
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 19 AM 9:55

DOCUMENT # V42500

1. Entity Name
SOUTH FLORIDA MOBILITY, INC.

Principal Place of Business	Mailing Address
1404 SW 13TH COURT POMPANO BEACH, FL 33069	830 E OAKLAND PARK BLVD SUITE 110 FT LAUDERDALE, FL 33334

07012005 Chg-P CR2E034 (10/03)

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

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.
1404 SW 13TH COURT
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRITTON, CAREY J 1404 SW 13TH COURT TAMPA, FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Britton, Carey J. 1404 SW 13th Court Pompano, FL 33069	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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] 7-1-05 954-946-5793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #