2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# F85174

Entity Name: SHEPARD, LOBE, COSTA, INC.

Current Principal Place of Business:

1434 S. MIAMI AVE
MIAMI, FL 33130 US

New Principal Place of Business:

250 BIRD ROAD, #206
CORAL GABLES, FL 33146 US

Current Mailing Address:

1434 S. MIAMI AVE
MIAMI, FL 33130 US

New Mailing Address:

250 BIRD ROAD, #206
CORAL GABLES, FL 33146 US

FEI Number: 59-2203561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOBE, OLGA
1434 S. MIAMI AVE
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

LOBE, OLGA
250 BIRD ROAD, #206
CORAL GABLES, FL 33146 US

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.

SIGNATURE: 04/28/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOBE, OLGA,
Address: 1434 S. MIAMI AVE
City-St-Zip: MIAMI, FL 33130

Title: DST ( ) Delete
Name: SHEPARD, ROBERT W,
Address: 1434 S. MIAMI AVE
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOBE, OLGA,
Address: 250 BIRD ROAD, #206
City-St-Zip: CORAL GABLES, FL 33146

Title: DST (X) Change ( ) Addition
Name: SHEPARD, ROBERT W,
Address: 250 BIRD ROAD, #206
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLGA LOBE MS. 04/28/2005
Electronic Signature of Signing Officer or Director — Date