
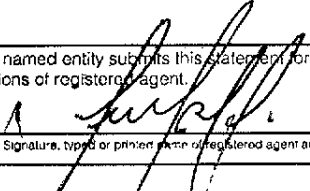
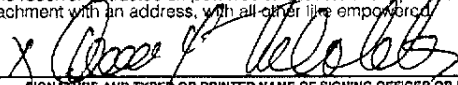


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000035893 1. Entity Name LOBITIOS GARDEN, CORP.					
Principal Place of Business 6650 N.W. 40TH STREET MIAMI, FL 33166				Mailing Address 6650 N.W. 40TH STREET MIAMI, FL 33166	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		City & State	
City & State		City & State		4. FEI Number 65-0995278	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLALOBOS, LUIS ENRIQUE 6650 N.W. 40TH STREET MIAMI, FL 33166				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE 04-27-05	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P VILLALOBOS, LUIS ENRIQUE 6650 N.W. 40TH STREET MIAMI, FL 33166		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V VILLALOBOS, CARMEN YVONNE 6650 N.W. 40TH STREET MIAMI, FL 33166		1100000358764 05/05/05-80006-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 line empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 04-27-05 <small>Daytime Phone #</small>	