FILED Apr 30, 2007 8:00 am Secretary of State

ANNUAL REPORT	
DOCUMENT # P00000035893	[,
1. Entity Name	/4

04-30-2007 90477 028 ***150.00 LOBITIOS GARDEN, CORP. יי ייידטטמ Principal Place of Business Mailing Address 6650 N.W. 40TH STREET 6650 N.W. 40TH STREET MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 65-0995278 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VILLALOBOS, LUIS ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 6650 N.W. 40TH STREET MIAMI, FL 33166 City 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. armen (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed pare registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition VILLALOBOS, LUIS ENRIQUE NAME NAME 6650 N.W. 40TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE VILLALOBOS, CARMEN YVONNE NAME NAME 6650 N.W. 40TH STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete, TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered

SIGNATURE:

TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR