FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000090105

1. Entity Name

LOBO COMMUNICATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
24717 SW 110 Pl	24717 SW 110 Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Homestead,Fl	City & State: Homestead,Fl
Zip: 33032 Country: Miami-Dade	Zip: 33032 Country: Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1042295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name PEREZ, REINALDO

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

24717 SW 110 Pl

City Homestead, FL Zip Code 33032

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 Reinaldo Perez 4-28-06.

Signature, typed or printed name of registered agent and date, as applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PEREZ, REINALDO / PD 24717 SW 110 Pl Homestead,Fl 33032
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SOCARRAS, LESVIA / VD 24717 SW 110 Pl Homestead,Fl 33032
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Reinaldo Perez 4-28-06. 786-277-904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #