


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000031377</b> 1. Entity Name COBO CONSULTING CORP.	
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Principal Place of Business 104 CRANDON BLVD. SUITE 401 KEY BISCAYNE, FL 33149	Mailing Address 104 CRANDON BLVD. SUITE 401 KEY BISCAYNE, FL 33149
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**DO NOT WRITE IN THIS SPACE**

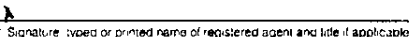


01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1097890	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  COBO, ALEX A 735 CRANDON BLVD. APT 203 KEY BISCAYNE, FL 33149
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IN THIS SPACE**

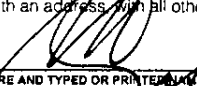
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)
DATE: <b>2-12-08</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBO, ALEX A 735 CRANDON BLVD APT 203 KEY BISCAYNE, FL 33149
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02/26/08-80050-021 158.75

**DO NOT WRITE  
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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 with all other like empowered
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)
DATE: <b>2-12-08</b>
Daytime Phone #