

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000107877</b>		
1. Entity Name <b>LOMBROZO, INC.</b>		
Principal Place of Business <b>1817 S. OCEAN DR. 525 HALLANDALE, FL 33009</b>		Mailing Address <b>1817 S. OCEAN DR. 525 HALLANDALE, FL 33009</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
05142004 No Chg-P CR2E034 (10/03)		
4. FEI Number <b>65-1151860</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
<b>KOBRIN, LEV 18090 COLLINS AVE, STE T-10 SUNNY ISLES BEACH, FL 33160</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u><i>Lev Kobrin</i></u> <b>LEV KOBRIN</b> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		<b>U00000160696 05/17/04-80009-020 150.00</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS LOMBADGER, VALERY 1817 S. OCEAN DR. # 525 HALLANDALE, FL 33009</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT LOMBADGER, TANYA 1817 S. OCEAN DR. # 525 HALLANDALE, FL 33009</b>	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u><i>Valery Lombadger</i></u> <b>VALERY LOMBADGER</b> 05.14.04 7862623353 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		