2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2004 08:00 AM DOCUMENT # P02000006964 **Secretary of State** 1. Entity Name C. LOBO EQUIPMENT CORP. Principal Place of Business Mailing Address 10740 S.W. 29 ST. 10740 S.W. 29 ST. MIAMI, FL 33165 MIAMI, FL 33165 01062004 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3026648 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOBO, CARLOS DO NOT WRITE 10740 S.W. 29 ST. MIAMI, FL 33165 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U00000080670 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 Ü3/08/04-80119-010 150.00 10. OFFICERS AND DIRECTORS TITLE LOBO, CARLOS NAME STREET ADDRESS 10740 S.W. 29 ST, CITY-ST-ZIP MIAMI, FL 33165 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CUTY-ST-7(P

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP