2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CHTY-ST-ZIP

SIGNATURE:

Feb 06, 2006 08:00 AM Secretary of State **DOCUMENT # P02000006964** C. LOBO EQUIPMENT CORP. Principal Place of Business Mailing Address 10740 S.W. 29 ST. MIAMI, FL 33165 10740 S.W. 29 ST. MIAMI, FL 33165 CR2E034 (11/05) 01302006 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 DO NOT WRITE LOBO, CARLOS 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 til applicable (1907E: Registered Agent Signature required when reinstalling) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. PD TITLE NAME LOBO, CARLOS 10740 S.W. 29 ST. STREET ADDRESS CITY-57-739 MIAMI, FL 33165 THE NAME STREET ADDRESS U00000421687 02/16/06-80046-024 150.00 DTY-ST-702 TITLE NAME STREET ADDRESS DO NOT WRITE City-S7-ZiP IN THIS SPACE SHE NAME STREET ADDRESS CITY-ST-ZP DIDLE

FILED

12. I hereby certify that the information supplied with this filing does not quality 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR