2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000121015

1. Entity Name

LOBELL ENTERPRISES, INC.



FILED Mar 23, 2007 08:00 A Secretary of State

Principal Place of Business

1313 N.W. 65TH PLACE FT. LAUDERDALE, FL 33309 Mailing Address

1313 N.W. 65TH PLACE FT. LAUDERDALE, FL 33309



DO NOT WRITE IN THIS SPACE

03202007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2301487

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOBELL, RICHARD 529 NW 15TH AVE BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

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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						
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBELL, RICHARD 529 NW 15TH AVE BOCA RATON, FL 33432			, , , ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	000000676171 03/30/07-80047-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS				IN '	THIS SPACE	
CITY-ST-ZIP			,			
NAMÉ						
STREET ADDRESS						
CITY-ST-ZIP					,	

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE KIND THE ED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

7/20/07 Pate 1

954-970-2771