2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P03000009075

Entity Name: LOBBY ENTERPRISE, CORP.

Current Principal Place of Business:

6211 BUENA VISTA DRIVE
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6211 BUENA VISTA DRIVE
MARGATE, FL 33063

New Mailing Address:

FEI Number: 03-0502110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIBAS, ANTONIO
6211 BUENA VISTA DRIVE
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RIBAS, ANTONIO O
Address: 3131 W BUENA VISTA DR.
City-St-Zip: MARGATE, FL 33063

Title: VD ( ) Delete
Name: MONTEIRO, LUIZ
Address: 6211 BUENA VISTA DRIVE
City-St-Zip: MARGATE, FL 33063

Title: TD ( ) Delete
Name: CASTRO, GIOVANA
Address: 8341 ROYAL PALM BLVD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD ( ) Delete
Name: SCIAUDONE, DIANA
Address: 1416 NE 4TH COURT
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO RIBAS PD 04/28/2005

Electronic Signature of Signing Officer or Director — Date