2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

DOCUMENT # P03000032312 1. Entity Name EL LOBO INVESTMENTS, INC.						04-16-2004 90105 042 ***150.00				
Principal Place	e of Busines:	S	Mailing Address							
1831 SW 15 ST MIAMI, FL 33145			1831 SW 15 ST Miami, FL 33145							
<u>.</u> .			1							
2. Principal Place of Business			3. Mailing Address				15:16 11: 12: 11:			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04032004	Chg-P	CR2E03	14 (10/03)	
City & State			City & State		4. FEI Number 20-0	627772			plied For t Applicable	
Zíp	Zip Country		Zip	Country		5. Certificate	of Status Desired		8.75 Add ee Required	
n	6. Name	and Address of Current	<u> </u>			7. Name and Address of New Registered Agent				
MARQUEZ, EUGENIO J						15.6.5.41.4				
1831 SW 1 MIAMI, FL			Street Address			S (P.O. BOX NUMB	er is Not Acceptable	∌) 		
			•		City			FL	Zip Code	€
						torod agent or bo	th in the State of El		oppilies with	and second
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										
		FEE IS \$150.00 4 Fee will be \$550.0	9. Election Campa Trust Fund Cont			5.00 May Be dded to Fees				
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUE 1831 SW MIAMI, FI		☐ Delete			; ·.	_		☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	¢		☐ Delete			,			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i		· .		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	;		☐ Delete	TITLI Nam Stri	E				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and if the second		☐ Delete	CITY	EET ADDRESS -ST-ZIP 4		(i) Flacida O	15	Change	Addition
12. I hereby certify that the information supplied with this filling 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 tribe 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 cornection or the receiver of the contraction of t										

indicated on this report or supplemental report is tube and accurate and that my signature shall have the same legal effect as it 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 it changed, or on an attachment with an address, with all other ke ampowered. DL EVG SWO J MALGUEZ

SIGNATURE:

GNATURE AND SIZES OF PENTED NAME OF SIGNING DEFICER OF DIRECT

04/14/04 30

305-541-0018

Daytime Phone #