


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90032 016 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                                                                     |                                                                 |                                                                                                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000147610</b><br>1. Entity Name<br><b>LOBO SERVICES, CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                                                                     |                                                                 |                                               |  |
| Principal Place of Business<br>200 NW 43TH COURT<br>POMPANO BEACH, FL 33064                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                                                                     | Mailing Address<br>200 NW 43TH COURT<br>POMPANO BEACH, FL 33064 |                                                                                                                                |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | 3. Mailing Address                                                                  |                                                                 |                                                                                                                                |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                | Suite, Apt. #, etc.                                                                 |                                                                 |                                                                                                                                |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                | City & State                                                                        |                                                                 |                                                                                                                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                        | Zip                                                                                 | Country                                                         |                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                                                                     |                                                                 | 7. Name and Address of New Registered Agent                                                                                    |  |
| <b>LOBO, RAFAEL G</b><br><b>200 NW 43TH COURT</b><br><b>POMPANO BEACH, FL 33064</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                                                                     |                                                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"><b>FL</b></div> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)<br><small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                                     |                                                                 |                                                                                                                                |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                 | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           |                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DPT <input type="checkbox"/> Delete            |                                                                                     | TITLE                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LOBO, RAFAEL G                                 |                                                                                     | NAME                                                            |                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 200 NW 43TH COURT                              |                                                                                     | STREET ADDRESS                                                  |                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | POMPANO BEACH, FL 33064                        |                                                                                     | CITY-ST-ZIP                                                     |                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DVS <input checked="" type="checkbox"/> Delete |                                                                                     | TITLE                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ANJOS, ALESSANDRA                              |                                                                                     | NAME                                                            |                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 200 NW 43TH COURT                              |                                                                                     | STREET ADDRESS                                                  |                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | POMPANO BEACH, FL 33064                        |                                                                                     | CITY-ST-ZIP                                                     |                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                |                                                                                     | TITLE                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                                                                     | NAME                                                            |                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                                                     | STREET ADDRESS                                                  |                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                                                                     | CITY-ST-ZIP                                                     |                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                |                                                                                     | TITLE                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                                                                     | NAME                                                            |                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                                                     | STREET ADDRESS                                                  |                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                                                                     | CITY-ST-ZIP                                                     |                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                |                                                                                     | TITLE                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                                                                     | NAME                                                            |                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                                                     | STREET ADDRESS                                                  |                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                                                                     | CITY-ST-ZIP                                                     |                                                                                                                                |  |
| 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. |                                                |                                                                                     |                                                                 |                                                                                                                                |  |
| <b>SIGNATURE:</b> <i>Rafael G. Lobo</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                                                                     | 03/16/04 (561) 305-0823<br><small>Date Daytime Phone #</small>  |                                                                                                                                |  |