

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90051 018 ***150.00

DOCUMENT # P04000061894

1. Entity Name
LOBERO INVESTMENT CORP.



Principal Place of Business
14126 COLONIAL GRAND BLVD., #1114
ORLANDO, FL 32837

Mailing Address
14126 COLONIAL GRAND BLVD., #1114
ORLANDO, FL 32837

50004000



2. Principal Place of Business
21333 SW 128 PL
Suite, Apt. #, etc.

3. Mailing Address
21333 SW 128 PL
Suite, Apt. #, etc.

01182005 Chg-P CR2E034 (10/03)

City & State
MIAMI FL
Zip 33177 Country

City & State
MIAMI FL
Zip 33177 Country

4. FEI Number
34-1994867
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELEZ, JUANA
14126 COLONIAL GRAND BLVD., #1114
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name
VELEZ, JUANA
Street Address (P.O. Box Number is Not Acceptable)
21333 SW 128 PL
City MIAMI FL Zip Code 33177

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VELEZ, JUANA	
STREET ADDRESS	14126 COLONIAL GRAND BLVD., #1114	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROMERO, NELSON	
STREET ADDRESS	14126 COLONIAL GRAND BLVD., #1114	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VELEZ, JUANA	
STREET ADDRESS	21333 SW 128 PL	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAFAEL BECAME	
STREET ADDRESS	14040 SW 140 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRITZIE LOPEZ-VARGAS	
STREET ADDRESS	21333 SW 128 PL	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #