

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000153745

Entity Name: JOHN R. LOBO, INC.

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1241 N.W. 48TH PLACE  
DEERFIELD BEACH, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

1241 N.W. 48TH PLACE  
DEERFIELD BEACH, FL 33064 US

**New Mailing Address:**

FEI Number: 56-2543472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALVARESE PROFESSIONAL ACCOUNTING  
5340 N. FEDERAL HIGHWAY  
SUITE #202  
LIGHTHOUSE POINT, FL 33064 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LOBO, JOHN R  
Address: 1241 N.W. 48TH PLACE  
City-St-Zip: DEERFIELD BEACH, FL 33064 US

Title: VPD  
Name: LOBO, KATHERINE A  
Address: 1241 N.W. 48TH PLACE  
City-St-Zip: DEERFIELD BEACH, FL 33064 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN R. LOBO

PD

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date