2008 FOR PROFIT CORPORATION ANNUAL REPORT

2008 FOR PROFIT CORPORATION ANNUAL REPORT				FILED May 14, 2008 8:00 am				
DOCUMENT # P98000075209 1. Entity Name BOBILO INC.				Secretary of State 05-14-2008 90012 026 ***150.00				
Principal Place of Business 800 EAST CYPRESS CREEK ROAD, SUITE 300 FORT LAUDERDALE, FL 33334		Mailing Address 800 EAST CYPRESS CREEK ROAD, SUITE 300 FORT LAUDERDALE, FL 33334		40101875				
2. Principal Ptace of Business - No P.O. Box # 9784 NW 66 PLACE Suite, Apt. #, etc.		3. Mailing Address 9784 NW 66# PLACE Suite, Apt. #, etc.		04212008	Chg-P	CR2E034 (12/06)		
PARKLAND FL		PARKLANY, FL		4. FEI Numbe 65-087		No	plied For t Applicable	
3307	6 Country S	^{zip} 332076	Country	_ <u></u>	of Status Desired	See Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
TWERASER CORP 800 E. CYPRESS CREEK RD. SUITE 300 FORT LAUDERDALE, FL 33334			Street Address	Street Address (P.O. Box Number is Not Acceptable) 9784 NW 66 ^{cm} PLACE				
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, typed or printed name of registered agent and titlet if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaig Trust Fund Contrit		5.00 May Be dded to Fees				
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUMULLER, MANFRED 1600 SOUTH OCEAN LANE # 12 FT LAUDERDALE, FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Q784 NN PARKUAN	66 th PLACE	© Change S 3076	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AUMULLER, URSULA 1600 SOUTH OCEAN LANE # 12 FT LAUDERDALE, FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2784 NW >ARKUW	66h PLAC 0, PL 3	☑ Change 3076	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
	certify that the information supplied with lon this report or supplemental report is poration or the receiver or rustee empor , or on an attachment with an address, v				es; and that my nam		r Block 11 if	