

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000038313

**Entity Name:** LOBE VENTURES INC

**Current Principal Place of Business:**

7900 OAK LANE SUITE 454  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

7900 OAK LANE SUITE 454  
MIAMI LAKES, FL 33016 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MIAMI CORPORATE SYSTEMS, LLC  
2555 PONCE DE LEON BLVD  
SUITE 600  
CORAL GABLES, FL 33134 US

*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

**Officer/Director Detail :**

Title P/D/CEO  
Name ZAMBRANO, ANGEL G  
Address 7900 OAK LANE SUITE 454  
City-State-Zip: MIAMI LAKES FL 33016

Title VP/D  
Name LIVINALI, JUAN  
Address 7900 OAK LANE SUITE 454  
City-State-Zip: MIAMI LAKES FL 33016

Title S/T/CFO  
Name MALDONADO, GABRIELA  
Address 7900 OAK LANE SUITE 454  
City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR  
Name FORTE, SILVIO  
Address 7900 OAK LANE SUITE 454  
City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR  
Name LOSA, MANUEL  
Address 7900 OAK LANE SUITE 454  
City-State-Zip: MIAMI LAKES FL 33016

*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:** ANGEL G. ZAMBRANO

**PRESIDENT**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date