2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State
08-03-2004 90001 010 ****61.25

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1. Entity Name
THE ROBBINS FUND, INC.

54066291

Principal Place of Business	Mailing Address
4301 NW 35 AVE MIAMI, FL 33142-4382 US	4301 NW 35 AVE MIAMI, FL 33142-4382 US

07092004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0651579
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONAS, ROY B.
5060 SW 64 AVE
MIAMI, FL 33155-6120

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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: Roy B Gonas 17 Jul 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	~~PD~~
NAME	~~PARKER, GARTH R~~
STREET ADDRESS	~~4301 NW 35 AVE~~
CITY-ST-ZIP	~~MIAMI, FL 331424382~~
TITLE	~~DS~~
NAME	~~MAYMON, DOUGLAS R~~
STREET ADDRESS	~~685 PALM BLVD~~
CITY-ST-ZIP	~~WESTON, FL 333263383~~
TITLE	~~TD~~
NAME	~~HINKLE, DARRYL L~~
STREET ADDRESS	~~4151 NE 22 TERR~~
CITY-ST-ZIP	~~LIGHTHOUSE POINT, FL 33064~~
TITLE	PD
NAME	Robert J. Shelley, III
STREET ADDRESS	1080 Lugo Avenue
CITY-ST-ZIP	Coral Gables, FL 33156
TITLE	SD
NAME	Sheila A. Morris
STREET ADDRESS	2202 E. Oakland Park Blvd.
CITY-ST-ZIP	Fort Lauderdale, FL 33316
TITLE	TD
NAME	JoAnne H. Voight
STREET ADDRESS	1200 E. SE 5th Court
CITY-ST-ZIP	Fort Lauderdale, FL 33301

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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 617, 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: R. J. Shelley, III 7-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
Robin J. Shelley, III
Daytime Phone # 305/667-1781