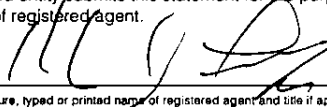
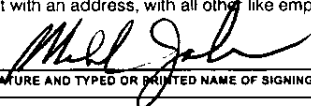


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90019 017 ****61.25

DOCUMENT # N96000000646 1. Entity Name THE ROBBINS FUND, INC.					
Principal Place of Business 269 GIRALDA AVENUE, #302 CORAL GABLES, FL 33134 US				Mailing Address 269 GIRALDA AVENUE, #302 CORAL GABLES, FL 33134 US	
2. Principal Place of Business - No P.O. Box # 150 West Flagler St. Suite, Apt. #, etc. Suite 2200 City & State Miami, FL Zip 33130		3. Mailing Address Owen S. Freed 150 West Flagler Street Suite, Apt. #, etc. Suite 2200 City & State Miami, FL Zip 33130		4. FEI Number 65-0651579 Applied For ☐ Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORGAN, NANCY C 269 GIRALDA AVENUE #302 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Owen S. Freed Street Address (P.O. Box Number is Not Acceptable) 150 West Flagler Street Suite 2200 City Miami FL Zip Code 33130	
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 title if applicable. (Owen S. Freed) (NOTE: Registered Agent signature required when reinstating) 05/09/07 DATE					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DSD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PHARES, LEATRICE T		NAME		
STREET ADDRESS	2104 NE 45TH ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	DTD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JACKSON, MICHAEL		NAME		
STREET ADDRESS	4627 PONCE DE LEON BLVD		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ANDERSON, FRED		NAME		
STREET ADDRESS	1200 FEDERAL HWY		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 5/14/07 Daytime Phone # 385-166-7229		

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