2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUI 1. Entity Nam THE ROB				05-18-20	07 90019 (O17 ****€	51.25				
Principal Place of Business 269 GIRALDA AVENUE, #302 CORAL GABLES, FL 33134 US Mailing Address 269 GIRALDA AVENUE, CORAL GABLES, FL 33							16039	BRIIK BAIK BARK BR)	NIJ a t at tam	
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address Or	on S Fra	200						
150 West Flagler St.			150 West Flagler Stres			1 (342)(6) 6)3	1804 BIOD 8801 8810 1	- Bill - Bill - Bill - B		MIN 01 1091	
Suite, Apt. #, etc. Suite 2200		Suite, Apt. #, etc. Suite 2200		0	15092007	Chg-NP	CR2E03	37 (12/06)			
City & State		City & State		4.	FEI Numbe	1579		<u> </u>	plied For		
Zip		Country	Miami, FL Zip	Country					\$8.75 Add	it Applicable	
3313	 _	USA	33130	USA			of Status Desired		Fee Require		
		and Address of Current R	egistered Agent	Name			Address of New	Registered /	Agont		
MORGAN, NANCY C 269 GIRALDA AVENUE #302					Owen S. Freed Street Address (P.O. Box Number is Not Acceptable)						
CORAL GA				1	50 We	est Fl	agler S	treet			
	6.				Suite	2200			1		
			City M	City Miami			FL	Zip Code 3313	0		
	named entity ions of regist	submits this statement for ered/agent.	the purpose of changing i		registered a		n, in the State of	05/05		and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NO	OVER S OTE: Registered Agent signatu	Free			DATE	<i>)</i> 0		
	Filing Fe	or printed name of registered agent are ls \$61.25 tember 14, 2007	9. Election C	OTE: Registered Agent signature ampaign Financing	re required when		e Fi		c payable to		
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12. I hereby certify that the information supplied with this filling 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: _

TED NAME OF SIGNING OFFICER OR DIRECTOR