

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90019 046 ***150.00

DOCUMENT # P03000149271	
1. Entity Name THE ROBERTS REPORT, INC.	

Principal Place of Business 2805 E OAKLAND PARK BLVD STE 451 FT LAUDERDALE, FL 33306	Mailing Address 2805 E OAKLAND PARK BLVD STE 451 FT LAUDERDALE, FL 33306
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54037801



2. Principal Place of Business 2411 W. Northern Ave	3. Mailing Address
Suite, Apt. #, etc. # 100	Suite, Apt. #, etc.
City & State Scottsdale, AZ	City & State
Zip 85021	Country USA

04142004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0478613	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GILBERTSON, STEPHEN W 2702 E OAKLAND PARK BLVD STE 109 FT LAUDERDALE, FL 33306	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COLELLA, PAUL 2805 E OAKLAND PARK BLVD, STE 451 FT LAUDERDALE, FL 33306 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 607, 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: Paul Colella Paul Colella 4/16/04 980-650-1719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #