

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165823

FILED
Aug 18, 2009
Secretary of State

Entity Name: WILLIAMS AND ROBERTSON, INC.

Current Principal Place of Business:

1236 DREXEL AVENUE
UNIT #2
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

C/O MOYAL ACCOUNTING SERVICES INC
10796 PINES BLVD SUITE 204
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 56-2549976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYAL, PATRICK R
10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KLEINSINGER, ALAIN
Address: 1236 DREXEL AVENUE UNIT #2
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D () Delete
Name: KLEINSINGER, CLAUDE
Address: 1236 DREXEL AVENUE UNIT #2
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALAIN KLEINSINGER

DR

08/18/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date