

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165823

**FILED**  
**Jan 11, 2011**  
**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:**

C/O DIXON ALEXANDRE ACCOUNTING  
2331 N SATE ROAD 7 #221  
LAUDERHILL, FL 33313 US

**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:**

DIXON, ALEXANDRE  
2331 N SATE ROAD 7  
SUITE 221  
LAUDERHILL, FL 33313 US

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: ALEXANDRE DIXON

01/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: ALAIN KLEINSINGER

DR

01/11/2011

Electronic Signature of Signing Officer or Director

Date