


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90037 018 ***158.75

DOCUMENT # P06000091038

1. Entity Name
ROBLE'S ENTERPRISES GROUP INC.



Principal Place of Business Mailing Address
7333 CARLYLE AVE. NO. 05 **7333 CARLYLE AVE. NO. 05**
MIAMI BEACH, FL 33141 **MIAMI BEACH, FL 33141**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40032000



04022007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

ROBLES, CLAUDIA
7333 CARLYLE AVE. NO. 05
MIAMI BEACH, FL 33141

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 X *[Signature]* 04-02-2007
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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	P ROBLES, CLAUDIA	<input type="checkbox"/> Delete
STREET ADDRESS	7333 CARLYLE AVE. NO. 05	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE NAME	V ROBLES, CLAUDIA V. A	<input type="checkbox"/> Delete
STREET ADDRESS	7333 CARLYLE AVE. NO. 05	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE NAME	T ROBLES, LLUBISA M	<input type="checkbox"/> Delete
STREET ADDRESS	7333 CARLYLE AVE. NO. 05	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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 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: X *[Signature]* 04-02-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #