


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000091038**

1. Entity Name  
**ROBLE'S ENTERPRISES GROUP INC.**



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

Mailing Address  
**7333 CARLYLE AVE. NO. 05**  
**MIAMI BEACH; FL 33141**

**DO NOT WRITE IN THIS SPACE**



03112008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-5249817</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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]* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBLES, CLAUDIA
STREET ADDRESS	7333 CARLYLE AVE. NO. 05
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	V
NAME	ROBLES, CLAUDIA V. A
STREET ADDRESS	7333 CARLYLE AVE. NO. 05
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	T
NAME	ROBLES, LLUBISA M
STREET ADDRESS	7333 CARLYLE AVE. NO. 05
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 03/28/08-80034-004 150.00

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #