

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90028 045 \*\*\*150.00

**DOCUMENT # P98000097448**

1. Entity Name

ROBT B MANAGEMENT, INC.



Principal Place of Business

20185 EAST COUNTRY CLUB DRIVE  
SUITE 1006  
AVENTURA FL 33180

Mailing Address

C/O JOHN CALABRESE  
P.O. BOX 2284  
OCEAN NJ 07712

2. Principal Place of Business

3. Mailing Address

C/O John Calabrese

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Christopher Way

City & State

City & State

Eaton town NJ

Zip

Country

Zip

Country

07724

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0884912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIPNIS, ALAN G  
KIPNIS, TESCHER LIPPMAN & VALINSKY  
ONE FINANCIAL PLAZA, SUITE 2308  
FORT LAUDERDALE FL 33394

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

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**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete  
BRUDNER, ROBERT  
20185 EAST COUNTRY CLUB DRIVE  
AVENTURA FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete  
BRUDNER, MARIAN  
20185 EAST COUNTRY CLUB DRIVE  
AVENTURA FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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☐ Change ☐ Addition

TITLE  
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-8-4 X 305 9374666

Date

Daytime Phone #