


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 08:00 AM
Secretary of State

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 27 CHRISTOPHER WAY EATONTOWN, NJ 07724**

DO NOT WRITE IN THIS SPACE



08012005 No Chg-P CR2E034 (10/03)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRUDNER, ROBERT
STREET ADDRESS	20185 EAST COUNTRY CLUB DRIVE
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	BRUDNER, MARIAN
STREET ADDRESS	20185 EAST COUNTRY CLUB DRIVE
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 08/25/05-80001-009 550.00

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: Robert Brodner Pres Date: 8-23-05 Daytime Phone #: 305 933 4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR