
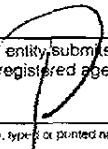
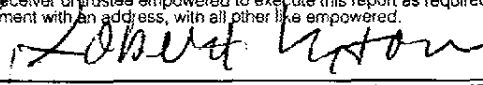


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000005940		
1. Entity Name ROBLI CORP.		
Principal Place of Business 6909 VISTA PKWY N W. PALM BEACH, FL 33411-2712 US	Mailing Address 6909 VISTA PKWY N W. PALM BEACH, FL 33411-2712 US	
DO NOT WRITE IN THIS SPACE		
4. FEI Number 11-2826911		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LIPTON, ROBERT 6909 VISTA PKWY WEST PALM BEACH, FL 33411-2712		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  _____ <small>Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIPTON, ROBERT 6909 VISTA PKWY NORTH WEST PALM BEACH, FL 33411	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT LIPTON		DO NOT WRITE IN THIS SPACE 000000009299 01/21/04-80006-001 150.00 DO NOT WRITE IN THIS SPACE 1/21/04 561-697-9892 Date Daytime Phone #