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Jul 14, 2006 8:00 am
Secretary of State
06-20-2006 90012 003 ***150.00

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000107844

1. Entity Name
ROBLEDO GROUP CORPORATION

Principal Place of Business	Mailing Address
4763 HOLLY LAKE DR LAKE WORTH, FL 33463	4763 HOLLY LAKE DR LAKE WORTH, FL 33463

66021833

05082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1110 OAKWATER DR	1110 OAKWATER DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROYAL PALM BEACH FL	City & State: ROYAL PALM BEACH FL
Zip: 33411 Country:	Zip: 33411 Country:

4. FEI Number 20-3247358. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, HUGO
4753 HOLLY LAKE DR
HOLLYWOOD, FL 33463

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1110 OAKWATER DR

City ROYAL PALM BEACH FL Zip Code 33411

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 HUGO SANCHEZ [signature] 5/8/06

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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANCHEZ, HUGO 4753 HOLLY LAKE DR HOLLYWOOD, FL 33463	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1110 OAKWATER DR ROYAL PALM BEACH, FL 33411	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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 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] HUGO SANCHEZ PRES. 5/8/06 (561)503-6631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #