

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000106765

**Entity Name:** C. A. ROBINSON & ASSOCIATES, INC.

**Current Principal Place of Business:**

9201 COLLINS AVENUE  
SUITE1124  
SURFSIDE, FL 33154

**Current Mailing Address:**

100 NORTH BISCAYNE BLVD  
500  
MIAMI, FL 33132 US

**FEI Number:** 20-1381312

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JADE ASSOCIATES MIAMI, INC.  
100 NORTH BISCAYNE BLVD  
500  
MIAMI, FL 33132 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ROBINSON, CHRISTOPHER A  
Address 9201 COLLINS AVENUE, SUITE 1124  
City-State-Zip: SURFSIDE FL 33154

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CHRISTOPHER A. ROBINSON

**PRINCIPAL**

**03/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date