


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90026 010 ***150.00

DOCUMENT # 466694	
1. Entity Name ROBERTS MANAGEMENT CO., INC.	

Principal Place of Business 1840 NE 153RD STREET NORTH MIAMI BEACH, FL 33162 US	Mailing Address 1840 NE 153RD STREET NORTH MIAMI BEACH, FL 33162 US
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40003564



01062005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1625581	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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"Our new Home is located at:
**4101 SW 47th Ave Suite #105
Davie, Florida 33314**

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**4101 SW 47th Ave Suite #105
Davie, Florida 33314**

Zip 33314	Country Browny
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6. Name and Address of Current Registered Agent SPIVAK, MERRILL ROBERTS MANAGEMENT 1840 NE 153 ST NORTH MIAMI BEACH, FL 33162		Registered Agent "Our new Home is located at: 4101 SW 47th Ave Suite #105 Davie, Florida 33314 <i>New Address</i>	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. S AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPIVAK, MERRILL 1840 NE 153RD STREET NORTH MIAMI BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	"Our new Home is located at: 4101 SW 47th Ave Suite #105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SPIVAK, PHYLLIS 1840 NE 153RD STREET NORTH MIAMI BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	"Our new Home is located at: 4101 SW 47th Ave Suite #105 Davie, Florida 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **8-1-13-05** **305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **947-3589**
Date Daytime Phone #