


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 Mailing Address
 1840 NE 153RD STREET 1840 NE 153RD STREET
 NORTH MIAMI BEACH, FL 33162 US NORTH MIAMI BEACH, FL 33162 US

40003564



"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

01062005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1625581 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country
 _____ *Browny* *Browny*

6. Name and Address of Current Registered Agent **Registered Agent**

SPIVAK, MERRILL
ROBERTS MANAGEMENT
1840 NE 153 ST
NORTH MIAMI BEACH, FL 33162

"Our new Home is located at:
 4101 SW 47th Ave Suite #105"
 Davie, Florida 33314
New Address **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 9. Election Campaign Financing **\$5.00 May Be**
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. S AND DIRECTORS IN 11	
TITLE	PD	TITLE	"Our new Home is located at: 4101 SW 47 th Ave Suite #105
NAME	SPIVAK, MERRILL	NAME	
STREET ADDRESS	1840 NE 153RD STREET	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST	TITLE	"Our new Home is located at: 4101 SW 47 th Ave Suite #105
NAME	SPIVAK, PHYLLIS	NAME	
STREET ADDRESS	1840 NE 153RD STREET	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: *1-13-05* Daytime Phone #: *305 947-3989*