

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Aug 19, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F00000003453**

1. Entity Name  
**THE ROBERT PLAN OF NEW YORK CORPORATION**



Principal Place of Business  
**999 STEWART AVENUE  
BETHPAGE, NY 11714**

Mailing Address  
**999 STEWART AVENUE  
BETHPAGE, NY 11714**

**DO NOT WRITE IN THIS SPACE**



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**11-2113016**

Applied For  
Not Applicable

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

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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

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 7, 2005**

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**

TITLE	D
NAME	WALLACH, WILLIAM
STREET ADDRESS	3730 INVERRARY DR
CITY - ST - ZIP	LAUDERHILL, FL 33319
TITLE	VP
NAME	BARBIERJ, MARIE
STREET ADDRESS	102 JANWICH DR
CITY - ST - ZIP	MORGANVILLE, NJ 07751
TITLE	S
NAME	NEZAMOODEEN, PHILBERT
STREET ADDRESS	38 ROOSEVELT AVENUE
CITY - ST - ZIP	EAST ROCKAWAY, NY 11517
TITLE	T
NAME	ALLIEGRO, PAUL
STREET ADDRESS	192 BAYVIEW AVENUE
CITY - ST - ZIP	BAYPORT, NY 11705
TITLE	PD
NAME	WALLACH, ROBERT
STREET ADDRESS	215 FEEKS LANE
CITY - ST - ZIP	MILL NECK, NY 11765
TITLE	D
NAME	JACKSON, JASPER
STREET ADDRESS	134 CHESTNUT STREET
CITY - ST - ZIP	MONTCLAIR, NJ 07042

U000000376715  
08/19/05-80003-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

8/19/05 516.393-700  
Date Daytime Phone #