


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90004 029 ***150.00

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| DOCUMENT # F00000003453 1. Entity Name THE ROBERT PLAN OF NEW YORK CORPORATION |  |
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|---|---|
| Principal Place of Business 999 STEWART AVENUE BETHPAGE, NY 11714 | Mailing Address 999 STEWART AVENUE BETHPAGE, NY 11714 |
|---|---|

60020833



02032006 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 11-2113016 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

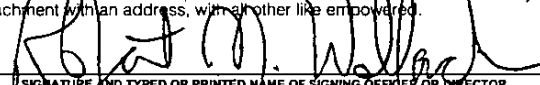
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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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 another like empowered.

SIGNATURE:  **2/6/06** **516-393-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #