

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90471 036 \*\*\*150.00

60045339



03292007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F00000003453</b>													
<b>1. Entity Name</b> THE ROBERT PLAN OF NEW YORK CORPORATION													
<b>Principal Place of Business</b> 999 STEWART AVENUE BETHPAGE, NY 11714			<b>Mailing Address</b> 999 STEWART AVENUE BETHPAGE, NY 11714										
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State											
Zip	Country	Zip	Country	<b>4. FEI Number</b> 11-2113016									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>									
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL Zip Code
Name													
Street Address (P.O. Box Number is Not Acceptable)													
City	FL Zip Code												
<b>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.</b>													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>									
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>										
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	WALLACH, WILLIAM		NAME										
STREET ADDRESS	3730 INVERRARY DR		STREET ADDRESS										
CITY- ST- ZIP	LAUDERHILL, FL 33319		CITY- ST- ZIP										
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	BARBIERI, MARIE		NAME										
STREET ADDRESS	102 JANWICH DR		STREET ADDRESS										
CITY- ST- ZIP	MORGANVILLE, NJ 07751		CITY- ST- ZIP										
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	NEZAMOODEEN, PHILBERT		NAME										
STREET ADDRESS	38 ROOSEVELT AVENUE		STREET ADDRESS										
CITY- ST- ZIP	EAST ROCKAWAY, NY 11517		CITY- ST- ZIP										
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	ALLIEGRO, PAUL		NAME										
STREET ADDRESS	192 BAYVIEW AVENUE		STREET ADDRESS										
CITY- ST- ZIP	BAYPORT, NY 11705		CITY- ST- ZIP										
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	WALLACH, ROBERT		NAME										
STREET ADDRESS	215 FEEKS LANE		STREET ADDRESS										
CITY- ST- ZIP	MILL NECK, NY 11765		CITY- ST- ZIP										
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	JACKSON, JASPER		NAME										
STREET ADDRESS	134 CHESTNUT STREET		STREET ADDRESS										
CITY- ST- ZIP	MONTCLAIR, NJ 07042		CITY- ST- ZIP										
<b>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 all other like empowered.</b>													
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>													
<small>Date</small>				<small>Daytime Phone #</small>									