


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000005024	
1. Entity Name ROBINSON INDUSTRIES, INC. MIAMI	

Principal Place of Business 100 N.E. 21ST STREET MIAMI, FL 33137	Mailing Address 100 N.E. 21ST STREET MIAMI, FL 33137
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**DO NOT WRITE IN THIS SPACE**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1556052	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  ROBINSON, KIMBERLY A 100 N.E. 21ST STREET MIAMI, FL 33137	<b>DO NOT WRITE IN THIS SPACE</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.	

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD ROBINSON, BURNELL D 100 N.E. 21ST STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROBINSON, TODD B 100 N.E. 21ST STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROBINSON, KIMBERLY A 100 N.E. 21ST STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/03/04-80098-003 150.00

**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)(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: Burnell D. Robinson, President 4/29/04 (305) 573-8334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Burnell D. Robinson

Date: \_\_\_\_\_ Day-time Phone #: \_\_\_\_\_