

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # G41336**  
 1. Entity Name  
**ROBERT'S HANDBAGS, INC.**



**FILED**  
 AUG -2 PM 12:27

Principal Place of Business  
 28 NE 1ST AVE  
 HALLANDALE, FL 33009

Mailing Address  
 28 NE 1ST AVE  
 HALLANDALE, FL 33009

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-2351129 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 DAVIDOWITZ, ROBERT  
 28 NE 1 AVE  
 HALLANDALE, FL 33009

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIDOWITZ, ROBERT 28 NE 1 AVE HALLANDALE, FL 33009
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000040225210  
 08/17/04--01005--005 \*\*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: Robert Davidowitz **ROBERT DAVIDOWITZ** 7/8/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

954-458-2025