


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 21, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
**28 NE 1ST AVE**      **28 NE 1ST AVE**  
**HALLANDALE FL 33009**      **HALLANDALE FL 33009**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt #, etc.      Suite, Apt #, etc.  
 City & State      City & State

1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For  
**59-2351129**      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**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS | CITY-ST-ZIP         | <input type="checkbox"/> Delete |
|-------|--------------------|----------------|---------------------|---------------------------------|
| PD    | DAVIDOWITZ, ROBERT | 28 NE 1 AVE    | HALLANDALE FL 33009 | <input type="checkbox"/>        |
|       |                    |                |                     | <input type="checkbox"/>        |
|       |                    |                |                     | <input type="checkbox"/>        |
|       |                    |                |                     | <input type="checkbox"/>        |
|       |                    |                |                     | <input type="checkbox"/>        |
|       |                    |                |                     | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 07/21/05-80003-010 550.00

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: *[Signature]*      7/15/05      974-4582TLJ  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #