

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G66000

FILED
Apr 28, 2005
Secretary of State

Entity Name: ROBINS SALES INTERNATIONAL, INC.

Current Principal Place of Business:

8667 SAWPINE RD
DELRAY BEACH, FL 33446

New Principal Place of Business:

P.O. BOX 15922
FT. LAUDERDALE, FL 33318

Current Mailing Address:

8667 SAWPINE RD
DELRAY BEACH, FL 33446

New Mailing Address:

P.O. BOX 15922
FT. LAUDERDALE, FL 33318

FEI Number: 59-2341403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMSON, HYACINTH
8667 SAWPINE RD
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

WILLIAMSON, KATHERINE E MS
7324 NW 1 PLACE
PLANTATION, FL 33317 US

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.

SIGNATURE: KATHERINE WILLIAMSON

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: WILLIAMSON, HYACINTH,
Address: 8667 SAWPINE RD
City-St-Zip: DELRAY BEACH, FL 33446

Title: V () Delete
Name: WILLIAMSON, GREGORY
Address: 7324 NW 1 PLACE
City-St-Zip: PLANTATION, FL 33317

Title: D (X) Delete
Name: WILLIAMSON, KATHERINE
Address: 7324 NW 1 PLACE
City-St-Zip: PLANTATION, FL 33317

Title: V (X) Delete
Name: WILLIAMSON, KENNETH
Address: 8667 SAWPINE RD
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: WILLIAMSON, KATHERIN, E
Address: 7324 NW 1 PLACE
City-St-Zip: PLANTATION, FL 33317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE WILLIAMSON

PSD

04/28/2005

Electronic Signature of Signing Officer or Director

Date