2008 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G88898

1. Entity Name
ROBINSON & REEVES, INC.

Principal Place of Business	Mailing Address
ROBINSON & REEVES INC 7236 SW 56 AVE SOUTH MIAMI, FL 33143 US	7236 SW 56 AVENUE SOUTH MIAMI, FL 33143 US

DO NOT WRITE IN THIS SPACE

03202008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-2377149	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

EMANUEL, JOSEPH M.
13200 SW 128TH ST
STE F2
MIAMI, FL 33186

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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PT
NAME	REEVES, WILLIAM M.
STREET ADDRESS	3117 INDIANA ST.
CITY-ST-ZIP	MIAMI, FL 33133

TITLE	VS
NAME	LACALLE, MICHELE M.
STREET ADDRESS	3117 INDIANA STREET
CITY-ST-ZIP	COCONUT GROVE, FL 33133

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____ 3/20/08   305-661-6635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #