

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G88898

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** ROBINSON & REEVES, INC.

**Current Principal Place of Business:**

ROBINSON & REEVES INC  
7340 SW 48TH ST. #105  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

ROBINSON & REEVES INC  
7340 SW 48TH ST. #105  
MIAMI, FL 33155 US

**New Mailing Address:**

**FEI Number:** 59-2377149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MICHELE M. LACALLE  
3117 INDIANA ST.  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: REEVES, WILLIAM M.  
Address: 3117 INDIANA ST.  
City-St-Zip: MIAMI, FL 33133 US

Title: VS  
Name: LACALLE, MICHELE M.  
Address: 3117 INDIANA STREET  
City-St-Zip: COCONUT GROVE, FL 33133 US

I hereby 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 all other like empowered.

SIGNATURE: MICHELE M. LACALLE

VS

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date