2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K08864

Entity Name: ROBERT IS HERE, INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
19200 S.W.	E. MOEHLING 344 ST. AD, FL 33034	US					
Current Mailing Address:				New Mailing Address:			
19200 S.W.	4815 SW 202TH AVE 9200 S.W. 344 ST. OMESTEAD, FL 33034 US			34815 SW 202TH AVE HOMESTEAD, FL 33034 US			
FEI Number:	65-0020757	FEI Number Applied For ()	FEI Numi	ber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Nam					ame and Address of New Registered Agent:		
MOEHLING, ROBERT E. 19200 S.W. 344 ST. HOMESTEAD, FL 33034 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:							
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financing T	rust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () Delete MOEHLING, ROBERT E., 34815 COUNTRY CLUB RD. HOMESTEAD, FL 33034			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	SD () DO MOEHLING, TRAC 34815 COUNTRY HOMESTEAD, FL	CEY, CLUB RD.	1	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () DO MOEHLING, BRAN 19200 SW 344 ST HOMESTEAD, FL	NDON T	1	Title: Name: Address: City-St-Zip:	VP (X) MOEHLING, BRA 36940 SW 192 A HOMESTEAD, F	AVE.	
Title: Name: Address: City-St-Zip:	VP () DO MOEHLING, ROBI 19200 SW 344 ST HOMESTEAD, FL	ERT K	1	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () DO MOEHLING, HEAT 19200 SW 344 ST HOMESTEAD, FL	THER	1	Title: Name: Address: City-St-Zip:	VP (X) MOEHLING, HEA 36940 SW 192 A HOMESTEAD, F	AVE.	
Title: Name: Address: City-St-Zip:	T () Do MOEHLING, VICTO 19200 SW 344 ST HOMESTEAD, FL	ORIA 「	1	Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT E. MOEHLING PD 03/20/2009