

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K23545

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: ROBEL FINANCIAL CORP.

**Current Principal Place of Business:**

MORAITIS, COFAR, KARNEY & MORAITIS  
915 MIDDLE RIVER DR #506  
FT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

MORAITIS, COFAR, KARNEY & MORAITIS  
915 MIDDLE RIVER DR #506  
FT LAUDERDALE, FL 33304

**New Mailing Address:**

FEI Number: 65-0044254      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MORAITIS, GEORGE R.  
915 MIDDLE RIVER DR  
SUITE 506  
FT LAUDERDALE, FL 33304 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BELMONT, ROBERT F  
Address: 5100 N OCEAN BLVD #1411  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: VSTD ( ) Delete  
Name: BELMONT, EDURNE M  
Address: 5100 N OCEAN BLVD #1411  
City-St-Zip: FT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BELMONT, EDURNE M  
Address: 5100 N OCEAN BLVD #1411  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: PVST (X) Change ( ) Addition  
Name: BELMONT, EDURNE M  
Address: 5100 N OCEAN BLVD #1411  
City-St-Zip: FT LAUDERDALE, FL 33308

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: EDURNE M. BELMONT

D

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date