## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # L95781

1. Entity Name

ROBERTO'S REALTY, MORTGAGE AND PROPERTY MANAGEMENT CORPORATION



**FILED** Mar 28, 2005 08:00 AM **Secretary of State** 

Principal Place of Business \_

DO NOT WRITE IN THIS SPACE

3923 LAKE WORTH RD.

SUITE 204 LAKE WORTH, FL 33461 Mailing Address

3923 LAKE WORTH RD.

SUITE 204

LAKE WORTH, FL 33461



02012005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0215606

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

		ALCOHOL: N. C. C.	
6. Name	and Address of	f Current Re	gistered Agent

HUGUET, ROBERTO 3923 LAKE WORTH RD STE 204 LAKE WORTH, FL 33461

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	purpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
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, 2005 Fee will be \$550.00		Election Campaign Financ     Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGUET, ROBERTO 3923 LAKE WORTH RD STE 204 LAKE WORTH, FL 33461	_				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_ <del></del>	03/28/05-80012-012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					• -	
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling does not qualify 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 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

YPED OR PRINTED NAME OF