2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 23, 2004 8:00 am Secretary of State DOCUMENT # M82705 1. Entity Name 04-23-2004 90262 044 ***150.00 ROBERTA'S PLACE, INC. Principal Place of Business Mailing Address % ROBERTA PERKINS 4972 N. PINE ISLAND RD. LAUDERHILL FL 33351 % ROBERTA PERKINS 4972 N. PINE ISLAND RD. LAUDERHILL FL 33351 24053341 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0053982 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENBERG, VICTOR Street Address (P.O. Box Number is Not Acceptable) 3591 INVERRARY DR #203 LAUDERHILL, FL 33319 City Zip Code FL 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 DATE 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete TITLE GREENBERG, VICTOR NAME NAME 3591 INVERRARY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL CITY-ST-ZIP TITLE Delete TITLE Treasurer ☐ Change NAME GREENBERG, BELLE NAME 3591 INVERRARY DR. STREET ADDRESS STREET ADDRESS 9560 Weld A - 111 CITY-ST-ZIP LAUDERHILL FL CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition □ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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.

TOA

FILED