

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # M82705

1. Entity Name
ROBERTA'S PLACE, INC.



Principal Place of Business
**% ROBERTA PERKINS
4972 N. PINE ISLAND RD.
LAUDERHILL, FL 33351**

Mailing Address
**% ROBERTA PERKINS
4972 N. PINE ISLAND RD.
LAUDERHILL, FL 33351**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FCI Number
65-0053982

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREENBERG, VICTOR
3591 INVERRARY DR
#203
LAUDERHILL, FL 33319**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**P
GREENBERG, VICTOR
3591 INVERRARY DR
LAUDERHILL, FL 33351**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**ST
PERKINS, SID
9560 WELDON CIR., J-111
TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
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STREET ADDRESS
CITY ST ZIP

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03/16/05-80013-015 150.00

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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.

SIGNATURE:

Victor Greenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/05

Daytime Phone #