

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90057 029 *****61.25

DOCUMENT # N02000005488

1. Entity Name

THE ROBIN FOUNDATION, INC.



Principal Place of Business

1835 E HALLANDALE BEACH BLVD STE 161
HALLANDALE BEACH FL 33009

Mailing Address

1835 E HALLANDALE BEACH BLVD STE 161
HALLANDALE BEACH FL 33009

2. Principal Place of Business

3201 N.E. 183st.

3. Mailing Address

870 C. Cavello - 3201 NE 183st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

408

408

City & State

Aventura, Fl.

City & State

Aventura, Fl.

Zip

33160

Country

US

Zip

33160

Country



MOORE

CR2E037 (11/03)

4. FEI Number

32-0034930

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARNER, JACK D ESQ
1152 N UNIVERSITY DR STE 201
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DPTS
NAME CAVELLO, CHRISTOPHER M. ☒ Delete
STREET ADDRESS 1835 E HALLANDALE BEACH BLVD STE 161
CITY-ST-ZIP HALLANDALE BEACH FL 33009

TITLE D
NAME BODNAR, STEPHEN ☐ Delete
STREET ADDRESS 5110 SW 89 TERR
CITY-ST-ZIP COOPER CITY FL 33328

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Chris Cavallo ☒ Change ☐ Addition
NAME 3201 N.E. 183st #408
STREET ADDRESS Aventura, Fl 33160
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 617, 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:

Chris Cavallo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #