

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000005488

1. Entity Name
THE ROBIN FOUNDATION, INC.



Principal Place of Business
**ROBIN FOUNDATION C/O CHRIS CAUELLO
3201 NE 183ST #408
AVENTURA FL 33160**

Mailing Address
**C/O C. CAVALLO
3201 NE 183 ST #408
AVENTURA FL 33160**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number **32-0034930** Applied For Not Applicable

6. Name and Address of Current Registered Agent

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

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS CAVALLO, CHRIS 3201 NE 183 ST #408 AVENTURA FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000412499 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/10/06-30049-014 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODNAR, STEPHEN 5110 SW 89 TERR COOPER CITY FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 its 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

Chris Cavallo 1/24/06 954-650-3288