2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-20-2004 90027 014 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P00000075579

1. Entity Name

MICHAEL ROBINSON INC.

Principal Place of Business	Mailing Address
425 LAS PALMAS ST. ROYAL PALM BCH FL 33411	425 LAS PALMAS ST. ROYAL PALM BCH FL 33411

2. Principal Place of Business	3. Mailing Address
1611 WOODBRIDGE LAKES CIR	1611 WOODBRIDGE LAKES CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BCH, FL	City & State: WEST PALM BCH, FL
Zip: 33406 Country: U.S.	Zip: 33406 Country: U.S.

4. FEI Number 65-1031453 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, MICHAEL R
425 LAS PALMAS ST.
ROYAL PALM BCH FL 33411

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 MICHAEL R ROBINSON [signature] PRESIDENT 4/10/04

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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROBINSON, MICHAEL R	NAME	
STREET ADDRESS	425 LAS PALMAS ST.	STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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.

SIGNATURE: [signature] MICHAEL R ROBINSON 5/3/04 (954) 214-2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #