

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVAL  
08-04-2005 90002.012 \*\*\*150.00  
P00000115971

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05 AUG 30 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P00000115971</b> 1. Entity Name <b>ROBA HOLDINGS, INC.</b>					
Principal Place of Business 907 SOUTH 21 AVE HOLLYWOOD FL 33020			Mailing Address 907 SOUTH 21 AVE HOLLYWOOD FL 33020		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1060889</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ATTWOOD, BRIAN</b> <b>907 SOUTH 21 AVE</b> <b>HOLLYWOOD FL 33020</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> Zip Code		
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ATTWOOD, BRIAN</b> <b>907 SOUTH 21 AVE</b> <b>HOLLYWOOD FL 33020</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;">       AUG 30 2005     </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>VENTURA, ROME</b> <b>907 SOUTH 21 AVE</b> <b>HOLLYWOOD FL 33020</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>VENTURA, ROMILIO A.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="text-align: right;">       7/29/05  <small>Date Daytime Phone #</small> </div>		

**HUNIHAN PAINTING & WATERPROOFING CO.**

907 S. 21<sup>st</sup> Avenue, Hollywood, FL 33020  
Phone (954) 929-2318 Fax (954) 929-0705

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August 22, 2005

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL. 32399

Re: Roba Holdings, Inc. - Document No. P00000115971

To Whom It May Concern:

Pursuant to the enclosed Uniform Business Report for 2005, please note that the above referenced corporation respectfully requests waiver of any penalty, as they did not receive any prior notice or original report for the year 2003.

Enclosed please find a check payable to the Department of State in the amount of \$ 150.00. We respectfully request waiver of this penalty as the original notice was never received and payment thereof would be create a financial hardship of the part of the corporation.

We appreciate your response as soon as possible and please contact the undersigned if you require any other information.

Sincerely,  
Rome Ventura  
JM