FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90336 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000050840

1. Entity Name
ROBYN ROSS PUBLIC RELATIONS, INC.

90097225

Principal Place of Business	Mailing Address
800 W AVENUE 946 MIAMI, FL 33139	809 8TH ST, SUITE #6 MIAMI BEACH, FL 33139

2. Principal Place of Business	3. Mailing Address
1860 West. Ave.	1860 West Ave
Suite, Apt. #, etc. #220	Suite, Apt. #, etc. #220
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139 Country Mia-Dade	Zip 33139 Country Mia-Dade

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1107095 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ROSS, ROBYN
800 W AVENUE #946
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name ROSS, Robyn

Street Address (P.O. Box Number is Not Acceptable)
1860 West Ave. #220

City Miami Beach FL Zip Code 33139

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 Robyn Ross, President 4/15/03

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, 2003 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROSS, ROBYN D 800 W AVENUE #946 MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Robyn Ross Robyn Ross 4/15/03 (305) 604-9197

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