
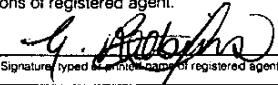



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90114 046 \*\*\*150.00

<b>DOCUMENT # P01000066834</b> 1. Entity Name <b>CONROB INC.</b>					
Principal Place of Business <b>3174 NW Federal Hwy</b> <b>Jensen Beach FL 34957</b>				Mailing Address <b>218 NW Pleasant Grove Way</b> <b>Port St. Lucie FL 34986</b>	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State Zip      Country				City & State Zip      Country	
4. FEI Number <b>65-1118916</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TRONCONE, MONIQUE CPA</b> <b>499 E. PALMETTO PARK ROAD</b> <b>SUITE 207</b> <b>BOCA RATON, FL 33432-5080</b>				7. Name and Address of New Registered Agent Name <b>Elaine Robinson</b> Street Address (P.O. Box Number is Not Acceptable) <b>218 NW Pleasant Grove Way</b> City <b>Port St. Lucie</b> <b>FL</b> Zip Code <b>34986</b>	
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 in printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD <b>CONTRERAS, JOSE LUIS</b> <b>218 NW Pleasant Grove Way</b> <b>PORT ST. LUCIE, FL 34986</b>	<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	VPD <b>ROBINSON, ELAINE</b> <b>218 NW Pleasant Grove Way</b> <b>PORT ST. LUCIE, FL 34986</b>	<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	
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	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>03/10/05</b> Time <b>7:27</b> Daytime Phone # <b>7859688</b>					

50026205



02252005 Chg-P CR2E034 (10/03)