

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066834

Entity Name: CONROB INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

3174 NW FEDERAL HWY
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

872 SW SQUIRE JOHNS LN
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 65-1118916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, ELAINE
872 SW SQUIRE JOHNS LN
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CONTRERAS, JOSE LUIS
Address: 872 SW SQUIRE JOHNSLANE
City-St-Zip: PALM CITY, FL 34990

Title: VPD () Delete
Name: ROBINSON, ELAINE
Address: 842 SW SQUIRE JOHNLANE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE ROBINSON

VPD

04/30/2009

Electronic Signature of Signing Officer or Director

Date