

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90129 001 \*\*\*150.00

<b>DOCUMENT # P01000088048</b> 1. Entity Name <b>ROBINSON &amp; PECARO, P.A.</b>			
Principal Place of Business <b>633 S.E. THIRD AVENUE SUITE 303 FORT LAUDERDALE, FL 33301</b>		Mailing Address <b>633 S.E. THIRD AVENUE SUITE 303 FORT LAUDERDALE, FL 33301</b>	
2. Principal Place of Business - No P.O. Box # <b>5599 S. University Dr. Suite, Apt. #, etc. #103</b>		3. Mailing Address <b>5599 S. University Dr. Suite, Apt. #, etc. #103</b>	
City & State <b>Davie FL</b>		City & State <b>Davie FL</b>	
Zip <b>33328</b>		Zip <b>33328</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-1135284</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBINSON, JAMES D 633 S.E. THIRD AVENUE SUITE 303 FORT LAUDERDALE, FL 33301</b>		7. Name and Address of New Registered Agent Name <b>James D. Robinson</b> Street Address (P.O. Box Number is Not Acceptable) <b>5599 S. University Drive</b> # <b>103</b> City <b>Davie</b> <b>FL</b> <b>33328</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 _____ <small>Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b>	NAME <b>ROBINSON, JAMES D</b>	TITLE <b>James D. Robinson</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>633 S.E. THIRD AVENUE, #303</b>	CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33301</b>	STREET ADDRESS <b>5599 S. University Dr. #102</b>	CITY-ST-ZIP <b>Davie FL 33328</b>
TITLE <b>VP</b>	NAME <b>PECARO, PAUL R</b>	TITLE <b>Paul Pecaro</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>633 S.E. THIRD AVENUE, #303</b>	CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33301</b>	STREET ADDRESS <b>5599 S. University Dr. #102</b>	CITY-ST-ZIP <b>Davie FL 33328</b>
TITLE <b></b>	NAME <b></b>	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>	STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>
TITLE <b></b>	NAME <b></b>	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>	STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-16-08</b> <small>Date Daytime Phone #</small>	