2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000046354

1. Entity Name

JORGE M. ROBERT ATTY, AT LAW, P.A.



Principal Place of Business

1516 E. HILLCREST STREET

SUITE 306

ORLANDO, FL 32803

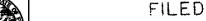
Mailing Address

1516 E. HILLCREST STREET

SUITE 306

DO NOT WRITE IN THIS SPACE

ORLANDO, FL 32803



2004 MAY 13 PM 3: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA



04222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 03-0436486 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERT, JORGE M 1516 E. HILLCREST STREET SUITE 306 ORLANDO, FL 32803

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}					
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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent				e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contribution			ncing	\$5.00 May Be Added to Fees	• .
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT, JORGE M 1516 E. HILLCREST STREET ORLANDO, FL 32803		400036547184 05/18/0401038012 **550.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT, CRISTINA E 1516 E. HILLCREST STREET ORLANDO, FL 32803			U5/18/	/U4U1038D12 **550.Q0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					ţ
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1/2m/5/13

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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04

407-896-6565

Daytime Phone #