

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000046354

1. Entity Name
JORGE M. ROBERT ATTY, AT LAW, P.A.



FILED

2004 MAY 13 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1516 E. HILLCREST STREET
SUITE 306
ORLANDO, FL 32803

Mailing Address
1516 E. HILLCREST STREET
SUITE 306
ORLANDO, FL 32803



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0436486	Applied For Not Applicable
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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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERT, CRISTINA E 1516 E. HILLCREST STREET ORLANDO, FL 32803
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05/18/04--01038--012 **550.00

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IN THIS SPACE**

*Vzm
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: *Jorge M. Robert* **Jorge M. Robert** 4-22-04 407-896-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #