


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000046354
 1. Entity Name
 JORGE M. ROBERT ATTY, AT LAW, P.A.



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

DO NOT WRITE IN THIS SPACE



03302005 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 03-0436486 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------|
| TITLE | D |
| NAME | ROBERT, JORGE M |
| STREET ADDRESS | 1516 E. HILLCREST STREET |
| CITY - ST - ZIP | ORLANDO, FL 32803 |
| TITLE | D |
| NAME | ROBERT, CRISTINA E |
| STREET ADDRESS | 1516 E. HILLCREST STREET |
| CITY - ST - ZIP | ORLANDO, FL 32803 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
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| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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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** 03-30-05 407-896-6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #