## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2004 08:00 AM Secretary of State

DOCUMENT # P02000091654 1. Entity Name ROBERT'S FADE, INC.	4 🛩			
2350 W 84 ST. 2 STORE #13 S	0 W 84 ST, 2350 W 84 ST. RE #13 STORE #13			
DO NOT WRITE IN THIS SPACE  5. Name and Address of Current Registered Agent			03262004 4. FEI Numbe 81-056	No Chg-P
BENCOSME, WILSON 2350 WEST 84 ST. STORE #13 HIALEAH, FL 33016		DO NOT WRITE IN THIS SPACE		
3. 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 side if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campalgn Finar Trust Fund Contribution.	noing \$5.	.00 May Be led to Fees	U00000118942 04/19/04-80080-021 150.00
10. OFFICERS AND DIRECT INTERMINENT OF THE PSTD BENCOSME, WILSON 2350 WEST 84 ST., STORE #13 HEALEAH, FL 33016  TIFLE NAME STREET ADDRESS CITY-ST-ZIP	CTORS			· 
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE		·- ,		NOT WRITE THIS SPACE
NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME	<u> </u>	, , -		
STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		-	
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 cacurate 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 truster 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 all address, with all other like empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Description of the information 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 officer or director of the corporation or the recognition of the corporation of the report of the corporation of the corporation or the recognition of the corporation of the corp				
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