

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113454

FILED
Apr 28, 2004
Secretary of State

Entity Name: KIM L. ROBINS, P.A.

Current Principal Place of Business:

520 SE 5TH AVE.
1413
FORT LAUDERDALE, FL 33301

Current Mailing Address:

520 SE 5TH AVE.
1413
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

2027 SE 10TH AVENUE
726
FORT LAUDERDALE, FL 33316

New Mailing Address:

2027 SE 10TH AVENUE
726
FORT LAUDERDALE, FL 33316

FEI Number: 03-0488482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINS, KIM L
520 SE 5TH AVE.
1413
FORT LAUDERDALE, FL 33301

Name and Address of New Registered Agent:

ROBINS, KIM L
2027 SE 10TH AVENUE
726
FORT LAUDERDALE, FL 33316

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.

SIGNATURE:

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBINS, KIM L
Address: 520 SE 5TH AVE., 1413
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBINS, KIM L
Address: 2027 SE 10TH AVENUE, #726
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM ROBINS

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date