

2004 FOR PROFIT CORPORATION ANNUAL REPORT

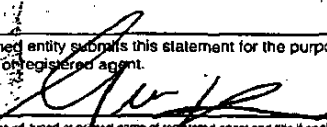
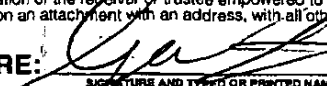
FILED
May 25, 2004 8:00 am
Secretary of State

04-29-2004 90213 042 ***150.00

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04282004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000057658			
1. Entity Name LAW OFFICES OF ROBINSON & ASSOCIATES, P.A.			
Principal Place of Business 4325 W. SUNRISE BLVD PALNTATION, FL 33313		Mailing Address 4325 W. SUNRISE BLVD PALNTATION, FL 33313	
2. Principal Place of Business 3500 N State Road 7		3. Mailing Address 3500 N State Road 7	
Suite, Apt. #, etc. 479		Suite, Apt. #, etc. 479	
City & State Fort Lauderdale, Florida		City & State Fort Lauderdale, Florida	
Zip 33319	Country USA	Zip 33319	Country USA
4. FEI Number 02-0695939		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NWAMAKA ROBINSON, GEORGIA D ESQ 4325 W. SUNRISE BLVD PALNTATION, FL 33313		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity certifies 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:  DATE: 4/28/04 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NWAMAKA ROBINSON, GEORGIA D 4325 W. SUNRISE BLVD PALNTATION, FL 33313 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nwamaka Robinson, Georgia D 3500 N State Road 7, Suite 479 Fort Lauderdale, FL 33319 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		DATE: 4/28/04 DAYTIME PHONE: 954-535-0827	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			