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	Mailing Address
4325 W. SUNRISE BLVD PALNTATION, FL 33313	4325 W. SUNRISE BLVD PALNTATION, FL 33313

2. Principal Place of Business		3. Mailing Address	
3500 N State Road 7		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 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] DATE 4/28/04
Signature, typed or printed name of registered agent and title 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
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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: [signature] GEORGIA D.N. Robinson 4/28/04 954-535-0827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #