

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000057658

1. Entity Name

THE ROBINSON LAW FIRM, P.A.



Principal Place of Business

3500 N. STATE ROAD 7, SUITE 437
FORT LAUDERDALE, FL 33319

Mailing Address

3500 N. STATE ROAD 7, SUITE 437
FORT LAUDERDALE, FL 33319

DO NOT WRITE IN THIS SPACE



03312008 No Chg-P CR2E034 (11/05)

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
3500 N. STATE ROAD 7, SUITE 437
FORT LAUDERDALE, FL 33319

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000994359
05/23/08-80029-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NWAMAKA ROBINSON, GEORGIA D
STREET ADDRESS	3500 N. STATE ROAD 7 - #479
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information indicated on this report or supplement of the corporation or the receiver changed, or on an attachment with:

With this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if so, with all other like empowered.

SIGNATURE: _____

SIGNATURE

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/08