## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 06, 2004 8:00 am Secretary of State

DOCUMENT # P03000058968  1. Entity Name ROBEAL, INC.								04-19-	2004 90329	9 023 ***	150.00	
Principal Place of Business Mailing Address							7	66419558				
8908 NW 149 TERRACE 8908 NW 149 TERRACE MIAMI LAKES, FL 33018 MIAMI LAKES, FL 33018												
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. 4, etc.			0409200	4 Chg-P	CR2E	034 (10/03)		
City & State				City & State			4 5 3	nber 1468	924	<del></del>	plied For t Applicable	
Zip	Country			Zip Cour		itry	5. Certific	ate of Status Des	<del></del>	\$8.75 Add Fee Required	litional	
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
LEAL, ROBIK											<del></del>	
8908 NW 149 TERRACE MIAMI LAKES, FL 33018						Street Addres	ss (P.O. Box Nur	nber is Not Acce	ptable)			
						City		<u></u> -	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, types or privided name of registered agent and little if explicable. (NOTE: Registered Agent signature required when refreshing) 'DATE											•	
FILE NOWIII FEE 18 \$150.00  After May 1, 2004 Fee will be \$550.00  8. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.										_		
10 OFFICERS AND DIRECTORS 11.							ADDITIO	S/CHANGES TO	OFFICERS AN	DIRECTOR	3 IN 11	
TITLE	PD Delete T									☐ Change	Addition	
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12. Thereby certify that the information supplied with this tiling 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 trueland 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 Irustee 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 exposured.												
											•	
SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNAM OFFICER OR OFFICER O												