2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2004 8:00 am Secretary of State **DOCUMENT # P03000109083** 05-04-2004 90176 010 ***150.00 1. Entity Name ROBI INC. Principal Place of Business Mailing Address 9715 W. BROWARD BLVD., PMB 187 9715 W. BROWARD BLVD., PMB 187 PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Smite, Apt. #. etc. 04222004 CR2E034 (10/03) City & State City & State 4. FEI Numbe Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LESHMAN, ROBIN Street Address (P.O. Box Number is Not Acceptable) 9715 W. BROWARD BLVD., PMB 187 PLANTATION, FL. 33324 City 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, typed or primed garre of registered agent and title if applicable. (NOTE: Registered Agent Bionstrate required which conststand) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE-IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, TITLE ☐ Delete TITLE ☐ Change Addition LESHMAN, ROBIN MAME NAME STREET ADDRESS 9715 W. BROWARD BLVD., PMB 187 STREET ADDRESS CHIY-ST-ZIP PLANTATION, FL 33324 CTTY-ST-ZIP THILE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Accition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7/P

NTED NAME OF SIGNING OFFICER OR DIRECTOR

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 attackment with an appears with all other like empowered.

FILED