


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90049 007 ***150.00

DOCUMENT # P04000135278		
1. Entity Name THE ROBLE GENERAL MAINTENANCE, INC.		

Principal Place of Business 8515 LAKE VINING COURT APT 4107 ORLANDO, FL 32821	Mailing Address 8515 LAKE VINING COURT APT 4107 ORLANDO, FL 32821
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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01132005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1684378	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LINARES, MIGUEL 8515 LAKE VINING COURT APT 4107 ORLANDO, FL 32821	

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS	TITLE	
NAME	LINARES, MIGUEL	NAME	
STREET ADDRESS	8515 LAKE VINING COURT APT 4107	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32821	CITY-ST-ZIP	
TITLE	V	TITLE	VIT
NAME	LINARES, MARCOS	NAME	MARCOS LINARES
STREET ADDRESS	8515 LAKE VINING COURT APT 4107	STREET ADDRESS	8515 LAKE VINING CT APT 4107
CITY-ST-ZIP	ORLANDO, FL 32821	CITY-ST-ZIP	ORLANDO, FLORIDA 32821
TITLE	T	TITLE	
NAME	PEREZ, JESUS	NAME	
STREET ADDRESS	8515 LAKE VINING COURT APT 4107	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32821	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.	
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SIGNATURE: 	1/12/05	407-827-0625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #