## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P05000046959  1. Entity Name ROBERTS CAPITOL, INC.						04-28-2008	90408 032 **	*150.00		
Principal Place of Business Mailing Address		<del>-</del>								
1001 BROKEN SOUND PKWY NW   1001 BROKEN SOUND P   A   A		BROKEN SOUND PKWI	YNW			·				
BOCA RATON, FL 33487 BOCA RATON, FL 33487		RATON, FL 33487			! <b>!!!!!!!!</b> !   !!!		    <b>     </b>			
Principal Place of Business - No P.O. Box #     3. Mailing Ar		g Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242008	Chg-P	CR2E034 (12/	06)			
City & State		City & State			4. FEI Number 20-2822			Applied For Not Applicable		
Zip Cou	intry Zip	Co	ountry		5. Certificate of	of Status Desired	□ \$8.75 Fee Re	Additional quired		
6. Name and A	ddress of Current Registere	d Agent	Name		7. Name and	Address of New R	egistered Agent			
GOULD, LEWIS 1001 BROKEN SOUND PKWY NW STE A BOCA RATON, FL 33487										
			Street A	Street Address (P.O. Box Number is Not Acceptable)						
		City	FL Zip Code							
The above named entity submittee obligations of registered as	its this statement for the purp	ose of changing its regist	tered office or	register	ed agent, or both	n, in the State of Flo		with, and accept		
	<b>y</b>									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE After May 1, 2008 Fee	13 3 130.00	Election Campaign Fir Trust Fund Contribution	~ ~	<b>\$5.</b> Adde	00 May Be ad to Fees			;		
10.	OFFICERS AND DIRECTO		1.		ADDITIONS/	CHANGES TO OFFI	ICERS AND DIREC			
TITLE CCEO NAME GOULD, LEWIS	<b>;</b>		TITLE NAME	D	WALTER	S, ROBER	Cha <b>⊘</b> 1	nge 🔀 Addition i		
,	TREET ADDRESS 1001 BROKEN SOUND PKWY NW STE A STRE		STREET ADDRESS CITY-ST-ZIP	BOCH RATEN, FL 33497						
TITLE DVP		☐ Defete T	TILE	TC			☐ Cha	nge 🔀 Addition		
•	<u></u>		iame Itreet address	FLEISCHER, STUALT 1001 BLOWCU SOUND PKWY						
CITY-ST-ZIP BOCA RATON,			CITY-ST-ZIP		CA RAT		33487			
TITLE - S.			THE				☐ Cha	nge 🔲 Addition		
	REET ADDRESS 1001 BROKEN SOUND PKWY NW STE A STREET		TREET ADDRESS							
CITY-ST-ZIP BOCA RATON,			CITY-ST-ZIP							
TITLE D		North Co.					☐ Cha	nge 🗌 Addition		
		/	TILE				_			
NAME HORM, LAURA STREET ADDRESS 1001 BROKEN	SOUND PKWY	N	iame Treet address				_			
}		N S	IAME			. <u></u>				
STREET ADDRESS 1001 BROKEN BOCA RATON, TITLE D	FL 33487	N S C	IAME ITREET ADDRESS EITY-ST-ZIP ITLE	D	C T 1 C	- Davis	<b>∑</b> Cha	nge 🗀 Addition		
STREET ADDRESS 1001 BROKEN CITY-ST-ZIP BOCA RATON, TITLE D NAME KAELEIN, DAVI STREET ADDRESS 1001 BROKEN	FL 33487 D SOUND PKWY	N S C □ Delete T N S	IAME ITREET ADDRESS EITY-ST-ZIP ITLE IAME ITREET ADDRESS	KR	EILEN 1 BROKE	, DAVID	PKWY	nge 🗀 Addition		
STREET ADDRESS 1001 BROKEN CITY-ST-ZIP BOCA RATON, TITLE D NAME KAELEIN, DAVI STREET ADDRESS 1001 BROKEN CITY-ST-ZIP BOCA RATON,	FL 33487 D SOUND PKWY	N S C	TAME TREET ADDRESS EITY-ST-ZIP TITLE TAME TREET ADDRESS EITY-ST-ZIP	KR	EILEN I BROKE CA RATO	DAVID N SEUUD N, FL 33	<b>⊠</b> Cha PKWY 487			
STREET ADDRESS 1001 BROKEN CITY-ST-ZIP BOCA RATON, TITLE D NAME KAELEIN, DAVI STREET ADDRESS 1001 BROKEN	FL 33487 D SOUND PKWY	Delete T  Delete T  Delete T	IAME ITREET ADDRESS EITY-ST-ZIP ITLE IAME ITREET ADDRESS	KR	EILEN I BROKE CA RATO	DAVID SEUUD N, FL 33	PKWY			
STREET ADDRESS CITY-ST-ZIP BOCA RATON, TITLE D NAME KAELEIN, DAVI STREET ADDRESS CITY-ST-ZIP BOCA RATON, TITLE D NAME VOGEL, EMIL	FL 33487  D SOUND PKWY FL 33487  SOUND PKWY NW STE A	Delete Ti	AME TREET ADDRESS HTY-ST-ZIP HTLE HAME TREET ADDRESS HTY-ST-ZIP HTLE HTLE HTLE HTLE HTLE HTLE HTLE HTLE	KR	EILEN I BROKE CA RATO	, DAVID N SEUUD N, FL 33	<b>⊠</b> Cha PKWY 487			

Interesty centry that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this light 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 tike empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

4/24/08

561-994-5550

Daytime Phone #