

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046959

Entity Name: ROBERTS CAPITOL, INC.

FILED
Jan 06, 2011
Secretary of State

Current Principal Place of Business:

1001 BROKEN SOUND PKWY NW
A
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

1001 BROKEN SOUND PKWY NW
A
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-2822370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOULD, LEWIS
1001 BROKEN SOUND PKWY NW STE A
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CCEO
Name: GOULD, LEWIS
Address: 1001 BROKEN SOUND PKWY NW STE A
City-St-Zip: BOCA RATON, FL 33487

Title: DP
Name: GOULD, LEONARD J
Address: 1001 BROKEN SOUND PKWY NW STE A
City-St-Zip: BOCA RATON, FL 33487

Title: S
Name: GOULD, SUSAN
Address: 1001 BROKEN SOUND PKWY NW STE A
City-St-Zip: BOCA RATON, FL 33487

Title: D
Name: KREILEN, DAVID
Address: 1001 BROKEN SOUND PKWY
City-St-Zip: BOCA RATON, FL 33487

Title: D
Name: VOGEL, EMIL
Address: 1001 BROKEN SOUND PKWY NW STE A
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ENOS BROWN

MR.

01/06/2011

Electronic Signature of Signing Officer or Director

Date