

2006 FOR PROFIT CORPORATION ANNUAL REPORT

6/20

FILED
Jul 14, 2006 8:00 am
Secretary of State

06-20-2006 90012 003 ***150.00

DOCUMENT # P05000107844					
1. Entity Name ROBLEDO GROUP CORPORATION					
Principal Place of Business 4763 HOLLY LAKE DR LAKE WORTH, FL 33463			Mailing Address 4763 HOLLY LAKE DR LAKE WORTH, FL 33463		
2. Principal Place of Business 1110 OAKWATER DR Suite, Apt. #, etc.		3. Mailing Address 1110 OAKWATER DR Suite, Apt. #, etc.			
City & State ROYAL PALM BEACH FL Zip 33411		City & State ROYAL PALM BEACH FL Zip 33411		4. FEI Number 20-324735B	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, HUGO 4753 HOLLY LAKE DR HOLLYWOOD, FL 33463			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1110 OAKWATER DR ROYAL PALM BEACH FL Zip Code 33411		
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 <u>HUGO SANCHEZ</u> 5/8/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature Required)					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P SANCHEZ, HUGO 4753 HOLLY LAKE DR HOLLYWOOD, FL 33463	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1110 OAKWATER DR ROYAL PALM BEACH, FL 33411	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 register 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.					
SIGNATURE: <u>HUGO SANCHEZ, PRES.</u> 5/8/06 (561) 503-6631 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					