2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000120993 04-28-2006 90151 001 ***150.00 1. Entity Name ROBWES, INC. Principal Place of Business Mailing Address 12019 S.W. 39TH TERRACE 12019 S.W. 39TH TERRACE MIAMI, FL 33175 MIAMI, FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-3408856 Not Applicable \$8.75 Additional Fee Required Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEAN, IAN ROBERT Street Address (P.O. Box Number is Not Acceptable) 12019 S.W. 39TH TERRACE MIAMI, FL 33175 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site of applicable. (NOTE: Registered Agent signature required when remetating) CATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE C Delete TOTAL F ☐ Addition NAME DEAN, IAN ROBERT NAME 12019 S.W. 39TH TERRACE STREET ADDRESS. STREET ADDRESS MIAMI, FL 33175 CITY-ST-ZIP CITY-ST-ZIP VSD TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME BRADY, WESLEY NAME STREET ADDRESS 12860 S.W. 117TH STREET STREET ADDRESS MIAMI, FL 33186 CITY-ST-71P CITY - \$1 - 719 ☐ Delete TITLE ☐ Change ☐ Addition MARK MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIST ☐ Delete TITLE Change ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Detete TITLE Change ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TELLE ☐ Detete TITLE Change Maddition KALE. NULE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-78 12. Thereby 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 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.

- I. ROBERT DEAN

NATURE AND TYPED OR PRINTED NAME OF EXCHANG OFFICER OR DIRECTOR

SIGNATURE: _

04-04-2006

301/259-561

FILED

Jun 01, 2006 8:00 am