


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90219 008 \*\*\*158.75

<b>DOCUMENT # P05000129879</b> 1. Entity Name <b>ROB &amp; JAX INC.</b>																																																																																		
Principal Place of Business <b>3901 SW 160TH AVENUE APT. # 204 MIRAMAR, FL 33027</b>			Mailing Address <b>3901 SW 160TH AVENUE APT. # 204 MIRAMAR, FL 33027</b>																																																																															
2. Principal Place of Business <b>3901 SW 160th Avenue</b> Suite, Apt. #, etc. <b>Apt. # 204</b> City & State <b>Miramar, FL 33027</b> Zip <b>33027</b>		3. Mailing Address <b>3901 SW 160th Avenue</b> Suite, Apt. #, etc. <b>Apt. # 204</b> City & State <b>Miramar, FL</b> Zip <b>33027</b>		4. FEI Number <b>20-3591762</b>																																																																														
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																														
6. Name and Address of Current Registered Agent  <b>PERLMAN, ROBIN A SR. 3901 SW 160TH AVENUE APT. # 204 MIRAMAR, FL 33027</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																														
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____																																																																																		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">PERLMAN, ROBIN A SR.</td> <td style="width: 15%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>3901 SW 160TH AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>MIRAMAR, FL 33027</td> <td></td> </tr> </table>			TITLE	P	NAME	PERLMAN, ROBIN A SR.	Delete <input type="checkbox"/>	STREET ADDRESS			3901 SW 160TH AVENUE		CITY-ST-ZIP			MIRAMAR, FL 33027		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">VP</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">Jacqueline Almans</td> <td style="width: 15%;">Change <input type="checkbox"/></td> <td style="width: 15%;">Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>3901 SW 160th Avenue #204</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>Miramar, FL 33027</td> <td></td> <td></td> </tr> </table>			TITLE	VP	NAME	Jacqueline Almans	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>	STREET ADDRESS			3901 SW 160th Avenue #204			CITY-ST-ZIP			Miramar, FL 33027																																														
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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 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.																																																																																		
<b>SIGNATURE:</b> <u>Robin Palmer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>4/25/06</b> Date																																																																														
				<b>954-830-0034</b> Daytime Phone #																																																																														