## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P05000137033 01-09-2006 90031 023 \*\*\*150.00 1. Entity Name ROBLES. INC. Principal Place of Business Mailing Address 5750 SW 130TH AVENUE 5750 SW 130TH AVENUE SOUTHWEST RANCHES, FL 33330 SOUTHWEST RANCHES, FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-3667040 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBLES, GLADYS Street Address (P.O. Box Number is Not Acceptable) 5750 SW 130TH AVENUE SOUTHWEST RANCHES, FL 33330 Zip Code 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROBLES, JOSE NAME 5750 SW 130TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE SOUTHWEST RANCHES, FL 33330 CITY-ST-ZIP VP.D TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROBLES, GLADYS NAME NAME STREET ADDRESS **5750 SW 130TH AVENUE** STREET ADDRESS CITY-ST-ZIP SOUTHWEST RANCHES, FL 33330 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 affect 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 ay address with all other like empowered.

FILED Jan 09, 2006 8:00 am