2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137033

Entity Name: ROBLES. INC.

Name:

Address:

City-St-Zip:

VALDES, ROLÁNDO

5750 SW 130TH AVENUE

SOUTHWEST RANCHES, FL 33330 US

FILED Feb 26, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place	New Principal Place of Business:	
5750 SW 1 SOUTHWE		NUE HES, FL 33330	US			
Current Mailing Address:				New Mailing Addres	New Mailing Address:	
5750 SW 1 SOUTHWE		NUE HES, FL 33330	US			
FEI Number:	20-3667040	FEI Number A	pplied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:	
ROBLES, 0 5750 SW 130TH AVE SOUTHWE	ENUE	HES, FL 33330 L	JS			
The above in the State		ty submits this sta	atement for the p	surpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				ent	Date	
Election Can	npaign Finan	cing Trust Fund Cor	ntribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		() Delete OSE 80TH AVENUE ST RANCHES, FL 333	330 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete LADYS 30TH AVENUE ST RANCHES, FL 33:	330 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	MGR	(X) Delete		Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE ROBLES P.D. 02/26/2009