

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155134

FILED  
Jul 07, 2006  
Secretary of State

Entity Name: ROBLE PROPERTIES, INC.

**Current Principal Place of Business:**

1030 ARABIAN DR  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

1030 ARABIAN DR  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 20-3897101      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEIHNER, BRUCE W  
125 WORTH AVE  
STE 330  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROBLEDO, EDILMER  
Address: 1030 ARABIAN DR  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D ( ) Delete  
Name: ROBLEDO, ANGELA  
Address: 1030 ARABIAN DR  
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: EDILMER ROBLEDO

D

07/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date