

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000012977

FILED
Mar 04, 2012
Secretary of State

Entity Name: PAUL ROBERT ENTERPRISES, INC.

Current Principal Place of Business:

2601 N. E. 14TH. AVE.
116 FLAGLER
WILTON MANORS, FL 33334

New Principal Place of Business:

Current Mailing Address:

2601 N.E. 14TH. AVE.
#116 FLAGLER
WILTON MANORS, FL 33334

New Mailing Address:

FEI Number: 20-4180774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, HAL EA
5464 ENCLAVE CROSSING WAY C-2
DELRAY BEACH, FL 33484 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

OFFICERS AND DIRECTORS:

Title: P
Name: TROCOLA, PAUL A
Address: 2601 NE 14TH AVENUE
City-St-Zip: WILTON MANORS, FL 33334

Title: S
Name: RAY, ROBERT F
Address: 2601 NE 14 AVENUE
City-St-Zip: WILTON MANORS, FL 33334

Title: T
Name: RAY, ROBERT F
Address: 2601 NE 14TH AVENUE
City-St-Zip: WILTON MANORS, FL 33334

Title: D
Name: RAY, ROBERT F
Address: 2601 NE 14TH AVENUE
City-St-Zip: WILTON MANORS, FL 33334

Title: D
Name: TROCOLA, PAUL A
Address: 2601 NE 14TH AVENUE
City-St-Zip: WILTON MANORS, FL 33334

I hereby 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 all other like empowered.

SIGNATURE: PAUL TROCOLA

MR

03/04/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date