

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044997

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: ROBINSON AND ROBINSON U.S.A CORPORATION

**Current Principal Place of Business:**

2223 ROUSE RD  
ORLANDO, FL 32817 US

**New Principal Place of Business:**

**Current Mailing Address:**

2223 ROUSE RD  
ORLANDO, FL 32817 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ROBINSON, ROSA  
2223 ROUSE RD  
ORLANDO, FL 32817 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: P ( ) Delete  
Name: ROBINSON, ROSE MARY  
Address: 2223 ROUSE RD  
City-St-Zip: ORLANDO, FL 32817 US

Title: SECR ( ) Delete  
Name: ROBINSON, ROSA  
Address: 2223 ROUSE RD  
City-St-Zip: ORLANDO, FL 32817 US

**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: ROSA ROBINSON

SECR

04/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date