

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000091038

1. Entity Name

ROBLE'S ENTERPRISES GROUP INC.



Principal Place of Business

7333 CARLYLE AVE. NO. 05
MIAMI BEACH, FL 33141

Mailing Address

7333 CARLYLE AVE. NO. 05
MIAMI BEACH, FL 33141



03112008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-5249817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBLES, CLAUDIA
7333 CARLYLE AVE. NO. 05
MIAMI BEACH, FL 33141

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROBLES, CLAUDIA
STREET ADDRESS 7333 CARLYLE AVE. NO. 05
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE V
NAME ROBLES, CLAUDIA V. A
STREET ADDRESS 7333 CARLYLE AVE. NO. 05
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE T
NAME ROBLES, LLUBISA M
STREET ADDRESS 7333 CARLYLE AVE. NO. 05
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000856960
03/28/08-80034-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #