

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000143280

1. Entity Name
ROBIN'S CONSULTING SERVICES INC



Principal Place of Business
4390 NORTH FEDERAL HIGHWAY
208
FT. LAUDERDALE, FL 33308

Mailing Address
P. O. BOX 11913
FT. LAUDERDALE, FL 33339



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5887109

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, ALVIN N
4390 NORTH FEDERAL HIGHWAY
208
FT. LAUDERDALE, FL 33308

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

(NOTE: Registered Agent signature required when reappointing)

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

U000000935356
05/23/08-80066-015 150.00

10. OFFICERS AND DIRECTORS

TITLE PS
NAME ROTH, ROBIN F
STREET ADDRESS P. O. BOX 11913
CITY-ST-ZIP FT. LAUDERDALE, FL 33339

TITLE VPT
NAME ROTH, ALVIN N
STREET ADDRESS P. O. BOX 11913
CITY-ST-ZIP FT. LAUDERDALE, FL 33339

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #