

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000150252

Entity Name: ROBIN BOLENA, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1291 SORREL WOOD CT.
MIDDLEBURG, FL 32068

Current Mailing Address:

1291 SORREL WOOD CT
MIDDLEBURG, FL 32068

New Principal Place of Business:

11239 CABOOSE CT
5
JACKSONVILLE, FL 32257

New Mailing Address:

11239 CABOOSE CT
5
JACKSONVILLE, FL 32257

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

Name and Address of Current Registered Agent:

BOLENA, ROBIN R
1291 SORREL WOOD CT
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

BOLENA, ROBIN R
11239 CABOOSE CT
5
JACKSONVILLE, FL 32257 US

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: _____ 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BOLENA, ROBIN R
Address: 1291 SORREL WOOD CT
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: BOLENA, ROBIN R
Address: 11239 CABOOSE CT #5
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify 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: ROBIN BOLENA PSTD 04/29/2009
Electronic Signature of Signing Officer or Director Date