2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-29-2008 90091 034 ***150.00

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04222008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000104632

1. Entity Name
ADAM ROBBINS, P.A.

Principal Place of Business	Mailing Address
555 S.W. 12TH AVENUE SUITE 101 POMPANO BEACH, FL 33069	555 S.W. 12TH AVENUE SUITE 101 POMPANO BEACH, FL 33069

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2024 NE 161 ST	1485 NW 105 AVE
Suite, Apt. #, etc. E	Suite, Apt. #, etc.
City & State N. MIAMI BEACH FL	City & State PLANTATION FL
Zip 33162 / Country USA	Zip 33322 / Country USA

4. FEI Number 26-1139557 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDMAN, BRUCE J GABLES INTERNATIONAL PALZA 2655 LE JEUNE ROAD, SUITE 816 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, ADAM 555 S.W. 12TH AVENUEM SUITE 101 POMPANO BEACH, FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, ADAM 2024 NE 161 ST N MIAMI BEACH FL 33162	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] DIRECTOR 4/23/08 954-931-2293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #