


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|----------------|---------------------|--|---|--|
| DOCUMENT # P93000016412 1. Entity Name ROBERT ENTERPRISES OF FLORIDA, INC. | | | |  | |
| Principal Place of Business 1336 N.W. 3 STREET MIAMI FL 33125 | | | Mailing Address 1336 N.W. 3 STREET MIAMI FL 33125 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0396688 <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ALONZO, JULIO 542 SW 12TH AVE STE 1 MIAMI FL 33130 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | Delete | TITLE | Delete | |
| NAME | ALONSO, JULIO | | NAME | U000000045488 | |
| STREET ADDRESS | 1336 N.W. 3 ST | | STREET ADDRESS | 02/11/04-80064-012 150.00 | |
| CITY-ST-ZIP | MIAMI FL 33125 | | CITY-ST-ZIP | | |
| TITLE | S | Delete | TITLE | Delete | |
| NAME | ALONSO, ROBERT | | NAME | | |
| STREET ADDRESS | 1336 N.W. 3 ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33125 | | CITY-ST-ZIP | | |
| TITLE | T | Delete | TITLE | Delete | |
| NAME | ALONSO, AIDA | | NAME | | |
| STREET ADDRESS | 1336 N.W. 3 ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33125 | | CITY-ST-ZIP | | |
| TITLE | | Delete | TITLE | Delete | |
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| STREET ADDRESS | | | STREET ADDRESS | | |
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| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | Delete | TITLE | Delete | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>[Signature]</i> JULIO ALONSO 02/09/04 315-324-9533 | | | | | |