2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000066602

1. Entity Name
ROBCO ASSOCIATES INC.

Principal Place of Business	Mailing Address
273 S STATE RD 7	273 S STATE RD 7
MARGATE, FL 33068 US	MARGATE, FL 33068 US

DO NOT WRITE IN THIS SPACE

03022005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0439068	Not Applicable

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

6. Name and Address of Current Registered Agent

OFSTEIN, CAROLE
273 S STATE RD 7
MARGATE, FL 33068

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 reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00** After May 1, 2005 Fee will be $550.00 | **9.** Election Campaign Financing Trust Fund Contribution.   ☐ | **$5.00** May Be Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	OFSTEIN, CAROLE
STREET ADDRESS	1820 NW 97 AVE
CITY-ST-ZIP	CORAL SPRINGS, FL

U00000330955
04/25/05-80180-010 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
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)(i), 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: _____ CAROLE OFSTEIN, Pres 4/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #