

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90014 041 ***150.00

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1. Entity Name
ROBLIN, INC.



Principal Place of Business
3011 YAMATO RD
#A-13
BOCA RATON, FL 33434

Mailing Address
PO BOX 2377
BANNER ELK, NC 28604

40004334



DO NOT WRITE IN THIS SPACE

01052008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0504576

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KROOP, RICHARD
800 WEST AVENUE
SUITE C-1
MIAMI BEACH, FL 33139

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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, 2008 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 GEFFEN, LINDA
STREET ADDRESS 17578 FOXBOROUGH LN
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE STD
NAME ROSE, ROBIN
STREET ADDRESS 3000 ISLAND BLVD, TH4
CITY-ST-ZIP WILLIAMS ISLAND N.MIAMI BCH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 #

Linda Gefen 1/11/08 561-999-0011