2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2006 8:00 am Secretary of State 03-06-2006 90027 011 ***150.00

DOCUMENT # P95000086058 1. Entity Name ROBIN LEWIS, INC.						_	03-00-2000	90027 01	1130).00
Principal Plac	s	Mailing Address	•							
9000 W. SHERIDAN STREET			9000 W. SHERIDAN STREET						•	
STE 130 PEMBROKE PINES, FL 33024			STE 130 PEMBROKE PINES, FL 33024							
F LIVIDROKE I	FINES, FE 3	3024	PENIDRORE PINES, PL	33024						
2. Principal Place of Business 7665 Davie Rd Ext			3. Mailing Address							
Suite, Apt. #, etc. \$# 201			Suite, Apt. #, etc. Robin Lewis, Int.			01052006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State P.O	City & State P.O. Box 848337		4. FEI Number	,		Ap	plied For	
	Davie FL		Pembroke Pines, FL 330		Ю4 ;	65-0619658			No	t Applicable
Zip 73/2/2	υ	Country USA	Zip	Country		5. Certificate of	f Status Desired		\$8.75 Add Fee Require	
0000	• 7 6. Name	and Address of Current	Registered Agent	-		7. Name and	Address of New			-
		· · · · · ·	<u> </u>	Name						
LEWIS, ROBIN					Street Address (P.O. Box Number is Not Acceptable)					
11721 N.W. 22 ST. PEMBROKE PINES, FL 33026					uui ess (F.O. DOX NUMBER	is Not Acceptab	ie)		
	,	, 000_0								
				City				FL	Zip Codi	9
R The shove	named entit	y submits this statement for	or the purpose of changing its	registered office of	rogietor	rad agent, or both	in the State of E		omilios véth	
	tions of regis		ir the purpose of changing its	registered office de	. I.e.Arzrei	ean agent, or cott	i, iii tile State Ui r	юноа. гапт	andiar will,	and accept
SIGNATURE_										
JIGINATURE.	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signat	ure required	d when reinstating)		DATE		
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$550.	9. Election Campa OO Trust Fund Con		\$5 . Add	.00 May Be led to Fees				
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	DP		☐ Delete	TITLE	VP	, D			Change	Addition
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CITY-ST-ZIP PEMBROKE PINES, FL 33026				CITY-ST-ZIP	$ I_{R}^{V} $	Wis, E. 721 NU hbrole,	12231	33/12	/	
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CITY-ST-ZIP				CITY-ST-ZIP						
TITLE			☐ Delete	TITLE					Change	☐ Addition
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TITLE	 		☐ Delete	TITLE					☐ Change	Addition
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NAME			☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS				STREET ADDRESS	1			•		
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	1									
12. I hereby of indicated of the corchanged	! certify that th I on this repo rporation or th I, or on an atti	e information supplied with rt or supplemental epy t i he receiver or trustee emp achment with an address,	n this HIMG does not qualify to strue and accurate and that owered to execute this repor- with all other like empowered	or the exemptions of my signature shall he as required by Cha	contained lave the apter 607	d in Chapter 119, same legal effect 7, Florida Statutes	Florida Statutes. as if made under and that my nar	I further cert roath; that I a ne appears in	ify that the ir im an officer in Block 10 or	nformation or director Block 11 if