


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000095324</b> 1. Entity Name <b>THE LAWRENCE ROBERT CORPORATION</b>	
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Principal Place of Business <b>6899 NE 4TH AVENUE MIAMI, FL 33138</b>	Mailing Address <b>6899 NE 4TH AVENUE MIAMI, FL 33138</b>
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0711772</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>ROBBINS, LAWRENCE J 6899 NE 4TH AVENUE MIAMI, FL 33138</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 terminating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBBINS, LAWRENCE J 6899 NE 4TH AVENUE MIAMI, FL 33138</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WINSTON, ROBERT 6899 NE 4TH AVENUE MIAMI, FL 33138</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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01/15/08-80036-024 150.00

12. I hereby certify that the information submitted 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 supplement thereto 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 my address, with all other like empowered.

**SIGNATURE:**  **ROBERT WINSTON** **1/11/08** **305-757-2411**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #