2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)							FILED Jan 30, 2004 08:00 AM Secretary of State				
DOCUMENT # P97000059238											
ROBCO N	L DISTRIBUTORS, I				our y						
Principal Plac	ce of Busines	s	Mailing Address	Mailing Address		1					
4028 N 30T		_	4028 N 30TH AVE								
HOLLYWOO	OD FL 3302	0	HOLLYWOOD FL 33020					E MONTE MONTO I MINT	# (B)(B) ((B)(B) #990) #	111 11 1 if 1 21 1	
2. Principal F	Place of Busin	ness	3. Mailing Address								
Suite, Apt			Suite, Apt #, etc				MOORE	CR2E034			
City & State			City & State			4. FI	65-076503	3	No	oplied For of Applicable	
Zip			Zip Country		ntry	5 . C	ertificate of Status Desired		\$8.75 Add Fee Require		
	and Address of Current		Name	7. N	ame and Address of New F	legistered	Agent				
ROS	SENBERG	, MARTIN									
402	28 N 30TH	Í AVE D FL 3302 0	S		Street Address ((P O. Bo	ox Number is Not Acceptabl	a) ————	· · · · · · · · · · · · · · · · · · ·		
					City				Zip Cod	le	
8. The above	y submits this statement fo	1. 1	red age	nt, or both, in the State of Fl	FL orída. I am	·					
the obliga	tions of regist	tered agent.									
SIGNATURE	Signature typed	or printed name of registered agent	and title if applicable (NOTE	Registere	d Agent signature required	đ whon rek	nstating)	DATE	,		
		!! FEE IS \$150.00 V 04 Fee will be \$550.00	CONTRACTOR				9. Election Campaign Fi			0 May Be	
		Florida Department of	f State				Trust Fund Contribution	ກ. L	Added	d to Fees	
10.		OFFICERS AND	DIRECTORS	11.		. ADI	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME	VP ROBIN CH	II D	☐ Delete	TITL NAM					Change	Addition Addition	
STREET ADDRESS				EET ADDRESS		0000000	21498				
CITY-ST-ZIP	HOLLYWO	OD FL 33020		CITY	-ST-ZIP		01/30/04-8	<u> </u>)4 150.0)0	
TITLE	STD		☐ Delete	TITL	E				☐ Change	☐ Addition	
NAME STREET ADDRESS		RG, MARTIN	NAMI		ET ADDRESS						
CITY-ST-ZIP	1	OD FL 33020	•	1	-ST-ZIP						
TITLE			☐ Defete	TITL	E		·····		☐ Change	☐ Addition	
NAME				NAM	_						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP						
TRILE	 	· · · · · · · · · · · · · · · · · · ·	☐ Delete	ťπ					☐ Change	☐ Addition	
NAME			_ 0000	NAM	•						
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NAME			☐ Delete	TITE:	ŀ				☐ Change		
STREET ADDRESS					EET AODRESS						
CITY+ST-ZIP		10		-	- ST- ZIP						
TITLE NAME			☐ Delete	TITE:	į.				Change	☐ Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP					· ST - ZIP						
i or the coa	rooration or ti	ne receiver or trustee emoc	this filing does not qualify for true and accurate and that no owered to execute this report	as reou	mption stated in Se ture shall have the ired by Chapter 607	ection 1 same le 7, Florid	19.07(3)(i), Florida Statutes. gal effect as if made under a Statutes, and that my nam	I further cer oath, that I le appears	rtify that the in am an officer in Block 10 o	nformation or director r Block 11 if	
changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: 127104 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Describe Phone &											