

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90006 019 ***158.75

DOCUMENT # P97000099732

1. Entity Name

ROBERIC OF MIAMI, INC.



Principal Place of Business

19955 PORTO VITA WAY
UNIT 1504
AVENTURA FL 33180
US

Mailing Address

30 COMMERCE WAY
TEWKSBURY MA 01876
US

J9010000



MOORE CR2E034 (4/04)

2. Principal Place of Business

19955 NE 38th Ct

3. Mailing Address

Suite, Apt. #, etc.

Unit 1504

Suite, Apt. #, etc.

City & State

Aventura FL

City & State

Zip

33180

Country

Zip

Country

4. FEI Number

65-0797610

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIMMERMAN, PAUL
19955 PORTO VITA WAY
UNIT 1504
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Zimmerman, Paul

(address)

Street Address (P.O. Box Number is Not Acceptable)

19955 NE 38th Ct.

(change only)

City

Unit 1504

Aventura

FL

Zip Code

33180

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

1

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ZIMMERMAN, PAUL
STREET ADDRESS 30 COMMERCE WAY
CITY-ST-ZIP TEWKSBURY MA 01876

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: Paul Zimmerman Paul Zimmerman 8/23/04 978-551-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #