

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90188 024 ***150.00

DOCUMENT # P98000069588					
1. Entity Name ROBERT HOBSON, INC.					
Principal Place of Business 549 NE 165 ST NORTH MIAMI BEACH, FL 33162			Mailing Address 549 NE 165 ST NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business <i>549 NE 165 St</i>			3. Mailing Address <i>Same</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Miami Florida</i>			City & State		
Zip <i>33162</i>		Country <i>Dade</i>		Zip	
Country		Country		4. FEI Number 26-4088244	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOBSON, ROBERT 549 NE 165 ST NORTH MIAMI BEACH, FL 33162			7. Name and Address of New Registered Agent Name <i>Robert Hobson</i> Street Address (P.O. Box Number is Not Acceptable) <i>549 NE 165 St</i> City <i>Miami</i> FL Zip Code <i>33162</i>		
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOBSON, ROBERT 549 NE 165 ST NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hobson, Robert 549 NE 165 St Miami, FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 time empowered.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

44047527



07012004 Chg-P CR2E034 (10/03)

*Attached
7980000 69588
44047527*

**ROBERT HOBSON, INC
549 NE 165 STREET
MIAMI, FL 33162**

July 1, 2004

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

RE: ROBERT HOBSON, INC
#26-4088244

Dear Sir or Madam:

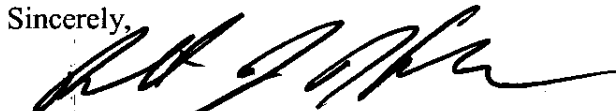
Please be advised that the above mentioned uniform business report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived, and that the _____ corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00.

Please advise.

Thank you for prompt attention to the above mentioned matter.

Sincerely,



Robert Hobson
President

RH/rr