2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000076276

1. Entity Name
ROBERTSON'S INSURANCE AGENCY INC.

Principal Place of Business	Mailing Address
880 E. 41 ST. HIALEAH, FL 33013	880 E. 41 ST. HIALEAH, FL 33013

03102006 No Chg P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0858916
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ROBERT F
3417 N.W. 32ND AVENUE
MIAMI, FL 33142

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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 _____ DATE
Signature required from registered agent and title if applicable (NOTE: Registered Agent signature required if address is changed)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000467505
03/23/06-80053-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	GONZALEZ, ROBERTO S
STREET ADDRESS	15720 NW 45 AVE
CITY-ST ZIP	MIAMI, FL 33054
TITLE	D
NAME	GONZALEZ, MARITZA
STREET ADDRESS	15720 NW 45 AVE
CITY-ST ZIP	MIAMI, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

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12. I hereby certify that the information supplied 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 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: Maritza Gonzalez 3/10/06.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE