

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90059 025 ***150.00

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1. Entity Name

ROBIN HYNES PA



Principal Place of Business

CALDWELL BANKER/BISHOP REALTY
7 NW 21 ST
HOMESTEAD FL 33032
US

Mailing Address

27531 SW 167 AVE
MIAMI FL 33031
US

14004036



MOORE CR2E034 (11/03)

2. Principal Place of Business

CALDWELL BANKER/BISHOP REALTY
Suite, Apt. #, etc.
7 NW 21 ST

3. Mailing Address

7 NW 21 ST
Suite, Apt. #, etc.

City & State

HOMESTEAD, FLA

City & State

HOMESTEAD, FLA

Zip

33030

Country

USA

Zip

33030

Country

USA

4. FEI Number

65-0917599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HYNES, ROBIN
11959 S.W. 268 TERR
HOMESTEAD FL 33032

7. Name and Address of New Registered Agent

Name *ROBIN HYNES*
Street Address (P.O. Box Number is Not Acceptable)
7 NW 21 ST
City *HOMESTEAD* **FL** Zip Code *33030*

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

Robin Hynes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME HYNES, ROBIN
STREET ADDRESS 27531 SW 167 AVE
CITY-ST-ZIP MIAMI FL 33031

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 **P** ☒ Change ☐ Addition
NAME HYNES ROBIN
STREET ADDRESS 27531 SW 167 AVE
CITY-ST-ZIP MIAMI FL 33031

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Robin Hynes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/04