


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000028414
 1. Entity Name
 THE ROBINSON PARTNERSHIP S, INC.



Principal Place of Business Mailing Address
 2250 SOUTHWEST 17TH AVENUE 2250 SOUTHWEST 17TH AVENUE
 MIAMI, FL 33145 MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0908484 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROBINSON, HAROLD
 2250 SW 17 AVENUE
 MIAMI, FL 33145

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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: PTD
 NAME: ROBINSON, HAROLD F
 STREET ADDRESS: 2250 SOUTHWEST 17TH AVENUE
 CITY-ST-ZIP: MIAMI, FL 33145

TITLE: SVD
 NAME: ROBINSON, STEVEN F
 STREET ADDRESS: 2250 SOUTHWEST 17TH AVENUE
 CITY-ST-ZIP: MIAMI, FL 33145

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 04/07/05-80030-010 150.00

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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 all other officers, with all other like empowered.

SIGNATURE:  HAROLD F ROBINSON - PRESIDENT 3/31/05 857-0930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #