## 2005 FOR PROFIT CORPORATION \_\_ANNUAL REPORT

## FILED Apr 20, 2005 08:00 AM Secretary of State

DOCUMENT # P9900043706  1. Entity Name ROBINSON ENTERPRISES LIMITED, INC.			Secretary or State
Principal Place of Business 880 N.W. 33 WAY FT. LAUDERDALE, FL 33311	Mailing Address	·	- C (CENTRE) THE CRUSH WHITE RESIDENCE THE STATE OF THE S
	RITE IN THIS SPA	<b>ICE</b>	04172005 No Chg-P CR2E034 (10/03)  4. FEI Number
ROBINSON, HENRY L 880 N.W. 33 WAY FT. LAUDERDALE, FL 33311		-	DO NOT WRITE IN THIS SPACE
the obligations of registered agent.		ered office or registers	ered agent, or both, in the State of Florida. I am familiar with, and accept adwher remsjace)
FILE NOW!!! FEE IS \$1 After May 1, 2005 Fee will	be \$550.00 Trust Fund Contribution		5.00 May Be ded to Fees
10. OFF  TITLE PTD  NAME ROBINSON, HENRY STREET ADDRESS 880 N.W. 33 WAY CITY-ST-ZIP FT. LAUDERDALE, F  TITLE VPSD  NAME ROBINSON, ANNETT STREET ADDRESS 880 N.W. 33 WAY CITY-ST-ZIP FT. LAUDERDALE, F	L 33311		U00000317874 04/20/05-80036-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, <u>, , , , , , , , , , , , , , , , , , </u>	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	. <u></u>		
12. I hereby certify that the information indicated on this report or suppleme of the corporation or the receiver or changed, or on an attachment with	supplied with this filing does not qualify for the espital report is true and accurate and that my sign trustee empowered to execute this report as required an address, with all other like empowered.		section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under cath, that I am an officer or director if. Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE: SIGNATURE	AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE		Robinson 4/17/05 954-792-08