2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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DOCL	JMENT # P9900005	6241			•	20	ecretary o	oi State	
1. Entity Na					, [
THE RO	BLEDO'S INC.	-							
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•	ace of Business	Mailing Address			,				
1501 N.E. 191TH STREET, STE. 405 N.MIAMI BEACH, FL 33179		-1501 N.E. 191TH STREET,STE.405 N.MIAMI BEACH, FL 33179			ł				
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2 Principal	Place of Business	3. Mailing Address		•					
		5. Maning Address				Mile (Mile Chair) Mairi B	בנום נומוו עוונב בוונב ומנפג וונפ	U NEKANI U NAMA	
Suite, Apt. #, etc.		Surte, Apt #, etc.			02112005	Chg-P	CR2E034 (10/0)	31	
Oh a Char						<u> </u>		<u> </u>	
City & State		City & State		4. FEI Number 65-0926		├	Applied For Not Applicable		
Zip	Country	Zip Coi		try			£9.75 ·		
			<u> </u>	·		if Status Desired	☐ Fee Requ		
	6. Name and Address of Curren	t Registered Agent	- <u>14- 14</u> 15	Novemb	7. Name and	Address of New	Registered Agent		
PICHAUD	, CAROLINA		-	Name		<u> </u>			
1501 N.E.	. 191TH STREET,STE.405	•	Street Address			(P.O. Box Number is Not Acceptable)			
N.MIAMI E	BEACH, FL 33179		i		 	<u></u>			
				0.	- 37. 32	F			
		u waa uu waxaa 😑		City			FL Zip Co	ode	
	e named entity submits this statement to the named entity submits this statement to the name of registered agent.	for the purpose of changing it	ts registere	ed office or registe	red agent, or both	, in the State of F	lorida. I am familiar wit	th, and accept	
ilio opiiga	mons of registerod agent.								
SIGNATURE.	Signature typed or printed name of registered ager	t and tile d contention (APC)	TE O instance	t Adopt a great war are for	ductor relevante at	5 (1 6)	DATE .		
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FIL	.E NOW!!! FEE IS \$150.00	9. Election Campa		cing \$5	.00 May Be				
After M	ay 1, 2005 Fee will be \$550	.00 Trust Fund Con	ntribution.		ed to Fees				
10.	=OFFICERS AND	D DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	FICERS AND DIRECTO	RS IN 11	
TITLE	P	☐ Deleje	TITLE	ĺ			☐ Change		
NAME	PICHAUD, CAROLINA		, NAM		Unn808317587				
STREET ADDRESS		405	5 STREE		04/20/05-80023-024 150.00			50.00	
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NAME	-		NAME					l	
STREET ADDRESS	,			T ADDRESS					
GITY-ST-ZIP		1 14.		ST-ZIP					
12. Thereby of indicated	certify that the information supplied with lon this report or supplemental report in poration or the receiver or trustee emp	n trus trung does not qualify fo s true and accurate and that t	n the exen my signati	nption stated in Se ure shall have the s	ction 1 19.07(3)(i), same legai effect a	riorida Statutes. is if made under	I further certify that the oath, that I am an office	information :	
of the cor	poration or the receiver or trustee emp or on an attachment with an address.	owered to execute this report	as require	ed by Chapter 607	. Florida Statutes.	and that my nam	ie appears in Block 10	or Block 11 if	