2005 FOR PROFIT CORPORATION

Feb 04, 2005 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # V30130** 1. Entity Name ROBERTMART INVESTMENT INC. Principal Place of Business Mailing Address 7207 NW 32 ST 7207 NW 32 ST MIAMI, FL 33122 MIAMI, FL 33122 01162005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0326732 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE YAHIA, ROBERTO 7207 NW 32 ST MIAMI, FL 33122 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PVTD YAHIA, ROBERTO NAME 7207 NW 32 ST STREET ADDRESS UUUUUU214486 MIAMI, FL 33122 CITY-ST-ZIP 02/04/05-80014-016 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP 3.777 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS

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. Roberto Yahia, Pres.

CITY-ST-ZIP TITLE

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

Daytime Phone #

FILED