2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 696931

Entity Name: ROBAYNA AND ASSOCIATES, INC.

FILED Jan 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2100 WEST 76TH STREET 5829 NW 158TH STREET SUITE 101 MIAMI LAKES, FL 33014

HIALEAH, FL 33016

Current Mailing Address: New Mailing Address:

2100 WEST 76TH STREET 5829 NW 158TH STREET SUITE 101 MIAMI LAKES, FL 33014 HIALEAH, FL 33016

FEI Number: 59-2119073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBAYNA, RAFAEL L.
2100 WEST 76TH STREET SUITE #101
HIALEAH, FL 33016

ROBAYNA, RAFAEL L.
5829 NW 158TH STREET
MIAMI LAKES, FL 33014

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.

SIGNATURE: RAFAEL L. ROBAYNA 01/07/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS () Delete Title: PDS (X) Change () Addition

Name:ROBAYNA, RAFAEL LName:ROBAYNA, RAFAEL LAddress:2100 WEST 76TH STREET SUITE #101Address:5829 NW 158TH STREET

City-St-Zip: HIALEAH, FL 33016 City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete Title: VP (X) Change () Addition

Name: HERRYMAN, WILLIAM Name: TIMMENS, RITA
Address: 2100 WEST 76TH STREET, SUITE #101 Address: 5829 NW 158TH STREET

City-St-Zip: HIALEAH, FL 33016 City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL L. ROBAYNA PDS 01/07/2004