2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #696931

1. Entity Name

ROBÁYNA AND ASSOCIATES, INC.



Principal Place of Business

5829 NW 158TH STREET MIAMI LAKES, FL 33014 Mailing Address

5829 NW 158TH STREET MIAMI LAKES, FL 33014

FILED Mar 08, 2006 8:00 am Secretary of State

03-08-2006 90166 003 ***158.95

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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2119073

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cin g	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS S	PDS ROBAYNA, RAFAEL L 5829 NW 158TH STREET MIAMI LAKES, FL 33014		DO NOT WRITE IN THIS SPACE		
NAME I STREET ADDRESS	VP HERNANDEZ, CARLOS A 5829 NW 158TH STREET MIAMI LAKES, FL 33014				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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12. I hereby certify that the information supplied with this filing does not goalify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Rafael L. Robayna, P.E. President &CEO (305)823-9316

Daytime Phone #