


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000043768**  
 1. Entity Name  
**ROBERTO TARICHE, INC.**



Principal Place of Business      Mailing Address  
 13321 SW 99TH STREET      13321 SW 99TH STREET  
 MIAMI, FL 33186              MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**



04102006    No Chg-P    CR2E034 (11/05)  
 4. FEI Number: **01-0678718**    Applied For:  NDJ Applicable  
 5. Certificate of Status Desired     **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**TARICHE, ROBERTO B**  
**13321 SW 99TH STREET**  
**MIAMI, FL 33186**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)  
Signature, typed or printed name of registered agent and title if applicable      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.     **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TARICHE, ROBERTO
STREET ADDRESS	13321 SW 99TH STREET
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000516435  
 05/01/06-80004-012 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 of each filing changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Tariche  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06 (305)383-1890  
Date      Daytime Phone #