


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

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| DOCUMENT # G29585 |  |
| 1. Entity Name TODOKOLOR ROBERT'S COMMERCIAL, INC. | |

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| Principal Place of Business 11865 SW 26 ST G14-15 MIAMI, FL 33175 US | Mailing Address 11865 SW 26 ST G14-15 MIAMI, FL 33175 US |
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DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2290400 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent BERNARD, YOLANDA 11865 SW 26TH ST STE G14-G15 MIAMI, FL 33175 | 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 _____ (NOTE: Registered Agent signature required when constituting)
Signature, typed or printed name of registered agent and title if applicable. DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BERNARD, LUCY 11865 SW 26 ST STE G14-15 MIAMI, FL 00000, 33175 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BENARD, YOLANDA L 11865 SW 6 ST., STE G14-15 MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS BENARD, YOLANDA 11865 SW 26 ST., G14-15 MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BENARD, ROBERTO A 11865 SW 26 ST G14-15 MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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05/03/04-86097-002 150.00

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.

SIGNATURE: *[Signature]* **4-29-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #