


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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

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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04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent BE NARD, YOLANDA 11865 SW 26TH ST STE G14-G15 MIAMI, FL 33175
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**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 reinstating) _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BE NARD, 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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 DIRECTOR** _____ **Date** _____ **Daytime Phone #** _____