

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90205 044 ***150.00

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

40080931



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2290400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S
NAME BE NARD, LUCY ☐ Delete
STREET ADDRESS 11865 SW 26 ST STE G14-15
CITY-ST-ZIP MIAMI, FL 00000, 33175

TITLE V ☒ Delete
NAME BENARD, YOLANDA L
STREET ADDRESS 11865 SW 6 ST., STE G14-15
CITY-ST-ZIP MIAMI, FL

TITLE TS ☒ Delete
NAME BENARD, YOLANDA
STREET ADDRESS 11865 SW 26 ST., G14-15
CITY-ST-ZIP MIAMI, FL

TITLE P ☐ Delete
NAME BENARD, ROBERTO A
STREET ADDRESS 11865 SW 26 ST G14-15
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice-President ☒ Change ☐ Addition
NAME Yolanda Benard
STREET ADDRESS 11865 SW 26 St. Ste.G-14-15
CITY-ST-ZIP Miami Fl. 33175

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS ☐ Change ☒ Addition
NAME Hilda Rose Benard
STREET ADDRESS 11865 SW 26 St. Ste. G-14-15
CITY-ST-ZIP Miami Fl. 33175

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 #

04-25-2006 305-552-6649