


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M42524**  
 1. Entity Name  
 ROOT BEER DRIVE IN, INC.



Principal Place of Business      Mailing Address  
 C/O RENE BORUNET              C/O RENE BORUNET  
 11101 NW 27TH AVE            11101 NW 27TH AVE  
 MIAMI, FL 33167                MIAMI, FL 33167



04242006    No Chg-F    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-2740516      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BORUNET, RENE  
 11101 NW 27TH AVE  
 MIAMI, FL 33167

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P
NAME	BINKER, MARIA
STREET ADDRESS	11101 NW 27 AVE
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	SD
NAME	BORUNET, MARTHA
STREET ADDRESS	11101 NW 27 AVE
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	V
NAME	BORUNET, RENE
STREET ADDRESS	11101 NW 27 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	NGYIP, JOANNA
STREET ADDRESS	11101 NW 27 AVE
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000560079  
 05/18/06-80025-009 150.00

**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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M Binker Pres.      4/28/06      305 687-4809  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone if