


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90005 046 ****61.25

DOCUMENT # N03000008009

1. Entity Name
STATE REPRESENTATIVE JULIO ROBAINA FOUNDATION, INC.



Principal Place of Business
**6741 S.W. 24TH STREET
 SUITE 19
 MIAMI, FL 33155**

Mailing Address
**6741 S.W. 24TH STREET
 SUITE 19
 MIAMI, FL 33155**



2. Principal Place of Business
4308 SW 62 Ave

3. Mailing Address
4308 SW 62 Ave

Suite, Apt. #, etc.

07012004 Chg-NP CR2E037 (10/03)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number Applied For
 Not Applicable

Zip Country
33155 USA

Zip Country
33155 USA

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

6. Name and Address of Current Registered Agent

**LAW OFFICES OF PAUL R. SASSO, ESQ.
 7721 S.W. 62ND AVENUE
 SUITE 202
 SOUTH MIAMI, FL 33143**

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

**Filing Fee is \$61.25
 Due by September 8, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBAINA, JULIO	
STREET ADDRESS	6741 S.W. 24TH STREET, SUITE 19	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MIRO, CLAUDIA	
STREET ADDRESS	6741 S.W. 24TH STREET, SUITE 19	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DOMINGUEZ, ALEX	
STREET ADDRESS	6741 S.W. 24TH STREET, SUITE 19	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBAINA, Julio	
STREET ADDRESS	4308 SW 62 Ave	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRO, Claudia	
STREET ADDRESS	4308 SW 62 Ave.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABIETTI, CHIARA	
STREET ADDRESS	4308 SW 62 Ave.	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: Julio Robaina **7-21-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #