2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000008009

1. Entity Name

SIGNATURE: _

STATE REPRESENTATIVE JULIO ROBAINA FOUNDATION INC



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

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

Daytime Phone #

	(11014, 1140.		100	<i>?</i>				
	ce of Business PATH STREET 33155	Mailing Address 6741 S.W. 24TH STREET SUITE 19 MIAMI, FL 33155				 	- 	
	Place of Business Owe	3. Mailing Address 4308 SW (a	a ave					
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		07012004 Ch	g-NP (CR2E037 (10/03)		
Miami, 70		Miami =	Migastate 74		4. FEI Number ✓ Applied For Not Applicable			
3315	Country - USA	393155	Country A	5. Certificate of Sta	atus Desired	S8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent		7. Name and Addr	ess of New Regi	stered Agent		
LAW/OFF	ICES OF DALIL B. SASSO, ESC	n	Name					
LAW OFFICES OF PAUL R. SASSO, ESQ. 7721 S.W. 62ND AVENUE SUITE 202		z .	Street Addres	ss (P.O. Box Number is N	lot Acceptable)			
	IIAMI, FL 33143				- <u> </u>			
	·		City			FL Zip Cod	е	
8. The above the obliga					he State of Florid	a. I am familiar with,	and accept	
0.0.00								
	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: Re	gistered Agent signature requ	uired when reinstating)		DATE		
· 	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 ue by September 8, 2004	S. Election Campa Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees		e check payable to Department of Si		
· 	Filing Fee is \$61.25	9. Election Campa Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees	Florida	e check payable to Department of Si	tate	
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12. I hereby certify that the information supplied with this filling 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.

ofarm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR