2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000008009						
1. Entity Name STATE REPRESENTATIVE FOUNDATION, INC.	JULIO ROBAINA					
Principal Place of Business	Mailing Address					
4308 SW 62 AVE	4308 SW 62 AVE					

MIAMI, FL 33155

SIGNATURE: _



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIAMI, FL 33155

01162006 No Chg-NP CR2E037 (11/05)

4.	FEI Number
	20-1401826

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

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

DO NOT WRITE
IN THIS SPACE

		}		
8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registered office of	or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE.		1 1		
0.0.0.0.10.10.	Signature, typed or printed name of registered agent and title if	f applicable. (NOTE, Registered Agent signs	ture required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADORESS CITY-ST-ZIP	PD ROBAINA, JULIO 4308 SW 62 AVE MIAMI, FL 33155			 ไม่กลักกกลลลละเร
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBAINA, DAYSI E 4308 SW 62 AVE MIAMI, FL 33155		03	000000399515 2/01/06-80014-022 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SED, OSCAR J 4308 S.W. 62ND AVE. MIAMI, FL 33155		DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBAINA, JULIO SR 4308 SW 62 AVENUE MIAMI, FL 33155		IN TH	IIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SASSO, ARIANNE 4308 SW 62 AVENUE MIAM), FL 33155	- · · · -		
TITLE NAME STREET ADDRESS				

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 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.