


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000008009

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



Principal Place of Business 4308 SW 62 AVE MIAMI, FL 33155	Mailing Address 4308 SW 62 AVE MIAMI, FL 33155
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03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1401826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

U00000694798
 04/17/07-80032-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBAINA, JULIO 4308 SW 62 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBAINA, DAYSIE 4308 SW 62 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SED, OSCAR J 4308 S.W. 62ND AVE. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBAINA, JULIO SR 4308 SW 62 AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SASSO, ARIANNE 4308 SW 62 AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: Julio Robaina **Date:** 4/2/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JULIO ROBAINA Daytime Phone # _____