


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 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
--	--

DO NOT WRITE IN THIS SPACE



04082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1401826	Applied For Not Applicable
-----------------------------	-------------------------------

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

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

Filing Fee is \$61.25
Due by May 1, 2008

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

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, DAYSI E 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	

000001904268
 05/01/08-80006-003 61.25

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 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: 4-11-08 Daytime Phone #: 3056621000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR