2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008009

FILED Apr 10, 2009 Secretary of State

Entity Name: STATE REPRESENTATIVE JULIO ROBAINA FOUNDATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4308 SW 6: MIAMI, FL					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4308 SW 6: MIAMI, FL					
FEI Number:	20-1401826	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
7721 S.W. (SUITE 202	62ND AVENU				
The above in the State		submits this statement for the pu	rpose of changing its register	ed office or registered agent, or both,	
SIGNATUR					
	Electron	ic Signature of Registered Ager	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () ROBAINA, JULI 4308 SW 62 AV MIAMI, FL 331	Œ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () ROBAINA, DAY 4308 SW 62 AV MIAMI, FL 331	Œ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () SED, OSCAR J 4308 S.W. 62N MIAMI, FL 331		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () ROBAINA, JULI 4308 SW 62 AV MIAMI, FL 331	'ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SASSO, ARIANI 4308 SW 62 AV MIAMI, FL 3319	'ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO ROBAINA PD 04/10/2009