

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000016650

FILED
Mar 13, 2007
Secretary of State

Entity Name: EUGENE ROBERTO & ASSOCIATES, INC.

Current Principal Place of Business:

POST OFFICE BOX 460357
FORT LAUDERDALE, FL 333460357

New Principal Place of Business:

1130 NE 7 AVENUE, # 7
FORT LAUDERDALE, FL 33304

Current Mailing Address:

POST OFFICE BOX 460357
FORT LAUDERDALE, FL 333460357

New Mailing Address:

FEI Number: 65-1087182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTO, EUGENE
1024 SE 11TH COURT
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTO, EUGENE
Address: 1024 SE 11TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VPS () Delete
Name: ROBERTO, VICTORIA S
Address: 1024 SE 11TH CT
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA ROBERTO

VPS

03/13/2007

Electronic Signature of Signing Officer or Director

_____ Date