

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000066260

1. Entity Name
ROBAINA R. MANUFACTURING, INC.



Principal Place of Business
12306 SW 131 AVE.
MIAMI, FL 33186

Mailing Address
12306 SW 131 AVE.
MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #
12253 SW 130 St.

Suite, Apt. #, etc.

3. Mailing Address
12253 SW 130 St.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33186

Country
US

Zip
33186

Country
US

4. FEI Number
65-1122339

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBAINA, MARTHA
12306 SW 131 AVE.
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)

12253 SW 130 St.

City
Miami

Zip Code
33186

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)

April 10, 2007

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	D ROMANO, MARTHA I 12306 SW 131 AVE. MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBAINA, MARTHA 12306 SW 131 AVE. MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2007 786 253 5635
Dynamio Phone # 443
Date