

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90067 031 ***155.00

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1. Entity Name

ROBERT'S FADE, INC.



Principal Place of Business

2350 W 84 ST.
STORE #13
HIALEAH FL 33016

Mailing Address

2350 W 84 ST.
STORE #13
HIALEAH FL 33016



2. Principal Place of Business - No P.O. Box #

2350w 84st
Suite, Apt. #, etc.
#13

3. Mailing Address

2350w 84st
Suite, Apt. #, etc.
#13

1st MOORE

CR2E034 (10/06)

City & State

HIALEAH, FL
Zip 33016 Country U.S

City & State

HIALEAH, FL
Zip 33016 Country U.S

4. FEI Number

81-0567672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENCOSME, WILSON
2350 WEST 84 ST.
STORE #13
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name Bencosme, Roberto Carlos
Street Address (P.O. Box Number is Not Acceptable)

2350w 84st #13

City HIALEAH FL 33016 FL Zip Code

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

Roberto Carlos Bencosme

(NOTE: Registered agent signature required when reappointing)

DATE

4/10/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00.

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME BENCOSME, WILSON
STREET ADDRESS 2350 WEST 84 ST., STORE #13
CITY-ST-ZIP HIALEAH FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME Bencosme Roberto Carlos
STREET ADDRESS 2594w 71PL
CITY-ST-ZIP HIALEAH, FL 33016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Wilson Bencosme Wilson Bencosme 4/23/07 (305) 479 5168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #