


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000123470</b> 1. Entity Name <b>EL RINCON DE ROBERTO, INC.</b>	
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Principal Place of Business <b>11638 PURPLE LILAC CIRCLE ORLANDO, FL 32837 US</b>	Mailing Address <b>11638 PURPLE LILAC CIRCLE ORLANDO, FL 32837 US</b>
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**DO NOT WRITE IN THIS SPACE**



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0632622</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>OSORIO, ROBERTO 11638 PURPLE LILAC CIRCLE ORLANDO, FL FL</b>
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**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  DATE **4/28/05**  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSORIO, ROBERTO 11638 PURPLE LILAC CIRCLE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSORIO, ROBERTO 11638 PURPLE LILAC CIRCLE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OSORIO, ROBERTO 11638 PURPLE LILAC CIRCLE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSORIO, ROBERTO 11638 PURPLE LILAC CIRCLE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSORIO, ROBERTO 11638 PURPLE LILAC CIRCLE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/03/05-80083-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **4/28/05** (407) 447-0349  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR