

ANNUAL REPORT (AR)

DOCUMENT # P95000082895

1. Entity Name
DIROB ENTERPRISES, INC.



FILED
Mar 05, 2007 08:00 AM
Secretary of State

Principal Place of Business 1825 TAMiami TRAIL F-2 PORT CHARLOTTE FL 33948	Mailing Address 1825 TAMiami TRAIL F-2 PORT CHARLOTTE FL 33948
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number 59-3345044	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBILLARD, ANDRE 3345 PENNY ROYAL RD PORT CHARLOTTE FL 33953	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	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 *Claudine Robillard* DATE 03/03/07

(NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBILLARD, CLAUDINE			NAME			
STREET ADDRESS	3345 PENNY ROYAL RD			STREET ADDRESS			
CITY - ST - ZIP	PORT CHARLOTTE FL 33953			CITY - ST - ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBILLARD, ANDRE			NAME			
STREET ADDRESS	3345 PENNY ROYAL RD			STREET ADDRESS			
CITY - ST - ZIP	PORT CHARLOTTE FL 33953			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				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: *Claudine Robillard* **CLAUDINE Robillard** 01/30/07 941-766-9045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR