

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000052180

1. Entity Name
DUE FRATELLI, CORP.



Principal Place of Business
462 SW 15 RD.
MIAMI, FL 33129

Mailing Address
462 SW 15 RD.
MIAMI, FL 33129

**FILED
Jan 25, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0674638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROBAINA, ORLANDO
462 SW 15 RD.
MIAMI, FL 33129

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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

Orlando Robaina

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ROBAINA, ORLANDO
STREET ADDRESS 462 SW 15 RD.
CITY-ST-ZIP MIAMI, FL 33129

TITLE DS
NAME ROBAINA, PIERRE
STREET ADDRESS 462 SW 15 RD.
CITY-ST-ZIP MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000734367
01/29/08-00005-005 150.00

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IN THIS SPACE**

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: *Orlando Robaina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #