2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000017541

1. Entity Name

ROBERTO DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
5181 CINDERLANE PKWY APT #1014 ORLANDO, FL 32808	501 N ORLANDO AVE 313-356 WINTER PARK, FL 32789-7313

DO NOT WRITE IN THIS SPACE

04172006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
NOT APPLICABLE		X Not Applicable

5. Certificate of Status Desired   ☒   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

ROBERTO, LAWRENCE R.
5181 CINDERLANE PKWY
APT. 1014
ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE

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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)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBERTO, LAWRENCE R
STREET ADDRESS	5181 CINDERLANE PARKWAY
CITY-ST-ZIP	ORLANDO, FL 32808

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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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: _____   4/23/06   407-297-0286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #