FOR PROFIT CORPORATION

FILED Apr 02, 2002 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)	Secretary
DOCUMENT # P99000066567 1. Entity Name	04-02-2002 909
Robaina Furniture, Inc.	
DO NOT WRITE IN THIS SPACE	800527

DOCUMENT # P99000066567				04-02-2002 90970 013 ***150.00					
	Robaina :	Furniture	e, Inc.	\searrow					
DO NOT WRITE IN THIS		SPACE -		80057439					
2. Principal Place of Business 2667 West 76 Street Suite, Apt. #, etc.		Street	3. Mailing Address 2667 West 76 Street Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Hiale	ah, FL		City & State Hialeah,	FL.	4. FE	Number 65-0938432		Applied For Not Applicable	
Zip 33016	Cour		Zip 33016	Country USA	5. Ce			75 Additional Required	
		3.4.2	Kala a da a	Name-	7. Nam	e and Address of Current Reg	istered Age	nt	
	NO!	NOT WH	DITE	RC RC		Robaina			
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		HIS SP	AGE						
				City	- 7 1-		FL 2	Tip Code 3 3 0 1 6	
ASSET TAK					aleah	nt, or both, in the State of Florida		33016	
a. The above	named entry south	is this statement for	the purpose of changi	ig its registered diffice or reg	istereu agei	it, of both, in the state of Florida		•	
SIGNATURE _									
	Signature, typed or printed	name of registered agent an		(NOTE: Registered Agent signature re		stating)	DATE		
	ration is eligible to s	•	ACLE ST January	1 - May 15 Eee 15/\$150,00 May 13 Fee 15 \$550.00		10. Election Campaign Finance	ing _	\$5,00 May Be	
	equirement and element and blement in the second security and second sec	cts to do so.	A Chacus	May 1: Ree is \$550 00 inded UBR is \$61.25 in ayable to Department of		Trust Fund Contribution.		Added to Fees	
11.		OFFICERS AND D	3.100 30 at C 3.1.00 40 1.100	4.60.40		AMERICA STATE VAN STATE	edida(**		
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NAME				The state of the s				•	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS TO	上的基		Man !		
	Certify that the inform	nation supplied with	this filian does not our	A SECTION COLUMN TO THE SECTION OF SECTION SEC	in Section 1	19.07(3)(i). Florida Statutes. I fu	ther certify t	hat the information	
indicated	on this report or su	pplemental reportis	true and accurate and	that my signature shall have	the same le	resor(5)(i), Florida Statutes, Flu egal effect as if made under oatl ida Statutes; and that my name	n; that I am a	n officer or director	
OI the Col	rporation of the rece	eiver umtrustøe emp	owered to execute this	report as required by Chap	ACI OUT, FIOT	iua statutes; and mat my name	appears in	BIOCK I FOLDINAN	