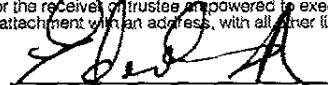


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr-23, 2004 08:00 AM
Secretary of State

DOCUMENT # K25871		
1. Entity Name ROMAN INVESTMENTS, INC.		
Principal Place of Business 13155 SW 42ND ST. SUITE 200 MIAMI, FL 33175		Mailing Address 13155 SW 42ND ST. SUITE 200 MIAMI, FL 33175
DO NOT WRITE IN THIS SPACE		
02042004 No Chg-P CR2E034 (10/03)		
4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROMAN, EDUARDO SAN 13155 SW 42ND ST., STE 200 MIAMI, FL 33175		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROMAN, EDUARDO SAN 13155 SW 42ND ST STE. 200 MIAMI, FL 33175	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		4/23/04 5519400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #