2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L80048

1. Entity Name

ROMA INTERNATIONAL TRADING, INC.



Principal Place of Business

Mailing Address

% RONALD PEYREAU 5218 NW 99TH AVE SUNRISE, FL 33351 % RONALD PEYREAU 5218 NW 99TH AVE SUNRISE, FL 33351

FILED Jun 21, 2006 8:00 am Secretary of State

06-21-2006 90001 032 ***558.75

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03142006 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0200593

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

PEYREAU, RONALD 5218 NW 99TH AVE SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its registered	l office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE			
Signature, typed or printed name of registered agent and ti	if applicable. (NOTE: Registered A	Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ing \$5.00 May Se Added to Fees	
10. OFFICERS AND DIR	CTORS		
TITLE DP NAME PEYREAU, RONALD STREET ADDRESS CITY- ST-ZIP SUNRISE, FL TITLE DST NAME PAYREAU, FERIDA STREET ADDRESS CITY- ST-ZIP SUNRISE, FL TITLE NAME NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		IN	THIS SPACE
After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIR TITLE DP NAME PEYREAU, RONALD STREET ADDRESS CITY-ST-ZIP SUNRISE, FL TITLE DST NAME PAYREAU, FERIDA STREET ADDRESS CITY-ST-ZIP SUNRISE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Trust Fund Contribution.	Added to Fees	

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Pexecus Pres.

Daytime Phone #