


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90331 049 ***158.75

DOCUMENT # P02000117545

1. Entity Name
ROMAN OFFICER, INC.



Principal Place of Business
1500 BAY RD #1270
MIAMI BCH, FL 33139

Mailing Address
1500 BAY RD #1270
MIAMI BCH, FL 33139

2. Principal Place of Business
1500 Bay Road
 Suite, Apt. #, etc.
#438

3. Mailing Address
1500 Bay Road
 Suite, Apt. #, etc.
#438

City & State
Miami Beach, FL

City & State
Miami Beach, FL

Zip
33139 Country

Zip
33139 Country



02232004 Chg-P CR2E034 (10/03)

4. FEI Number
16-1635510 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROULEAU, LINDA E 1500 BAY RD #438 MIAMI BCH, FL 33139	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROULEAU, LINDA E 1500 BAY RD #438 MIAMI BCH, FL 33139 <input type="checkbox"/> Delete	TITLE, NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rouleau, Linda E 1500 Bay Rd # 438 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENNEY, DAVID X 1500 BAY RD #438 MIAMI BCH, FL 33139 <input type="checkbox"/> Delete	TITLE, NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kenney, David X 1500 Bay Rd # 438 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE, NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bakarian, Renee Z. 1500 Bay Rd # 438 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE, NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE, NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE, NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Linda Rouleau 4/25/04 305-378-7978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Linda Rouleau