

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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03 OCT 27 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PG2000131444

1. Entity Name
A'ROMA DESIGN CORP.



Principal Place of Business
**2500 NW 107 AVE #208
MIAMI FL 33172**

Mailing Address
**2500 NW 107 AVE #208
MIAMI FL 33172**



2. Principal Place of Business
1408 Bickell Bay Dr #1413

3. Mailing Address
1408 Bickell Bay Dr.

Suite, Apt. #, etc.
#1413

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33131

Country

REINSTATEMENT 03

6. Name and Address of Current Registered Agent

**OLIVERO, ESMIRNA
2500 NW 107 AVE #208
MIAMI FL 33172**

4. FEI Number
16-165463

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, JUAN CARLOS 2500 NW 107 AVE #208 MIAMI FL 33172 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AGELIVIS, MARINA 2500 NW 107 AVE #208 MIAMI FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Olivero Esmirna 1408 Bickell Bay Dr #1413 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Agelvis Marina 1408 Bickell Bay Dr #1413 Miami, FL 33131. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700024169597 10/27/03--01078--001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **SMIRNA OLIVERO** **REQUIRED**

10/24/03

CRE034 (4/03)

October 24, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302 – 1500

Who it may Concern

This is the first notice that I receive , I didn't receive the prior notice for 2003 and I like the fee to be waved, I'm attaching a check for the original \$150 filling fee.

Thank you for your attention,

Sincerely,

Marina Agelvis O.