2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90190 029 ***150.00

DOCUMENT # P03000008908

1. Entity Name
AMEROM INDUSTRIES, INC.

Principal Place of Business	Mailing Address
5975 NORTH FEDERAL HWY. STE. 106 FORT LAUDERDALE, FL 33308	5975 NORTH FEDERAL HWY. STE. 106 FORT LAUDERDALE, FL 33308

50036492

01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
160 Robbins Rd	160 Robbins Rd
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Downingtown PA	City & State: Downingtown, PA
Zip: 19335 Country: U.S.A.	Zip: 19335 Country: U.S.A

4. FEI Number 43-1995143 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE, FL 33311

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	PTD POPOVICI, DORO ~~7448 LA PAZ PLACE, #106~~ ~~BOCA RATON, FL 33433~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 107 Truman Bridge Rd. ~~1 Black Hawk Circle, E-15~~ Downington, PA 19335
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MANCIU, PETER 7448 LA PAZ PLACE, #106 BOCA RATON, FL 33433 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VSD MUNTEAN, PETER 680 E. Recievile Rd Coatesville, PA 19320
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] X 03/30/05 610-873-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #