

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90032 013 ***150.00

DOCUMENT # P06000140879					
1. Entity Name ROMA KITCHEN CABINETS INC					
Principal Place of Business 9110 SW 137 AVE 216 MIAMI, FL 33186			Mailing Address 9110 SW 137 AVE 216 MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box # 9641 SW 163 AVE.		3. Mailing Address 9641 SW 163 AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 20-8360237	
Zip 33196		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMERO, IVAN F SR 9110 SW 137 AVE 216 MIAMI, FL 33186			7. Name and Address of New Registered Agent Name: <u>Romero, Ivan F Sr.</u> Street Address (P.O. Box Number is Not Acceptable): <u>9641 SW 163 AVE.</u> City: <u>Miami</u> <u>FL</u> <u>33196</u>		
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing ☐ \$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 ROMERO, IVAN F SR 9110 SW 137 AVE MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Romero Ivan F. Sr. 9641 SW 163 AVE. Miami FL 33196	☒ 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 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:		Date: <u>3-26-08</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			