


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90184 025 \*\*\*150.00

**DOCUMENT # P95000097285**

1. Entity Name  
**ROMANACH REALTY, INC.**



Principal Place of Business      Mailing Address

**7345 SAND LAKE RD**      **7345 SAND LAKE RD**  
**SUITE 314**      **SUITE 314**  
**ORLANDO, FL 32819 US**      **ORLANDO, FL 32819 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

*7345 Sand Lake Rd*      *7345 Sand Lake Rd*

Suite, Apt. #, etc.      Suite, Apt. #, etc.


*Suite 220*      *Suite 220*

City & State      City & State

*Orlando, FL*      *Orlando, FL*

Zip      Country      Zip      Country

*32819*      *US*      *32819*      *US*



02252008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**59-3354275**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROMANACH, FRANCISCO**  
**10020 N FULTON CT**  
**ORLANDO, FL 32836**

**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 \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROMANACH, FRANCISCO</b>
STREET ADDRESS	<b>10020 N FULTON CT</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32836</b>
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

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: *Francisco Romanach President 2/27/08*