

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 326169

1. Entity Name
ROMALU CORP.



Principal Place of Business

3631 SW 6 ST
MIAMI, FL 33135

Mailing Address

3631 SW 6 ST
MIAMI, FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1708045

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

BEAMUD, FIDELIA
3631 SW 6TH STREET
MIAMI, FL 33135

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	TALAVERA, ROBERTO	
STREET ADDRESS	12384 SW 10TH LN	
CITY-STATE-ZIP	MIAMI, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIAZ, HECTOR A	
STREET ADDRESS	12384 SW 10TH LN	
CITY-STATE-ZIP	MIAMI, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	TALAVERA, LUIS J	
STREET ADDRESS	12384 SW 10TH LN	
CITY-STATE-ZIP	MIAMI, FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TALAVERA, MARIO	
STREET ADDRESS	12384 SW 10TH LN	
CITY-STATE-ZIP	MIAMI, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEAMUD, FIDELIA	
STREET ADDRESS	3631 S.W. 6 STREET	
CITY-STATE-ZIP	MIAMI, FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, BERTHA M	
STREET ADDRESS	12384 SW 10TH LN	
CITY-STATE-ZIP	MIAMI, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000128771
CITY-STATE-ZIP	04/26/04-80051-025 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Fidelia Beamud

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Date

Daytime Phone #