2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 326169

Address:

City-St-Zip:

3631 S.W. 6 STREET

MIAMI, FL

Entity Name: ROMALU CORP.

FILED Apr 11, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3631 SW 6 MIAMI, FL					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3631 SW (MIAMI, FL					
FEI Number	: 59-1708045	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
MIAMI, FL	6TH STREET 33135 US				
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATU					
		ic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	TD () TALAVERA, RO 12384 SW 10TI MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () DIAZ, HECTOR 12384 SW 10TI MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () TALAVERA, LUI 12384 SW 10TI MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () TALAVERA, MA 12384 SW 10TI MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VD () BEAMUD, FIDE	Delete ILIA	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: FIDELIA BEAMUD VD 04/11/2007