

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90046 018 \*\*\*150.00

**DOCUMENT # 669328**

1. Entity Name

LAKE WORTH REALTY MANAGEMENT, INC.



Principal Place of Business

3149 BRICKELL AVE  
MIAMI FL 33129-9817

Mailing Address

3149 BRICKELL AVE  
MIAMI FL 33129-9817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2003799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, HENRY H JR  
801 BRICKELL AVE. 14TH FLOOR  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Jules M. Romfh Jr. (SECRETARY)

Street Address (P.O. Box Number is Not Acceptable)

8643 So. 45th St

(LAKE WORTH, FL 33467)

City

Lake Worth

FL

Zip Code 33467

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

*Jules M. Romfh Jr. (SECRETARY)*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-06

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, HENRY H JR	
STREET ADDRESS	801 BRICKELL AVE. 14 FL	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	ROMFH, EMILY	
STREET ADDRESS	3149 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI, FL 00000	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jules M. Romfh, Jr.	
STREET ADDRESS	8643 So. 45th Street	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
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		
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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 Section 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:

*Emily Romfh* PDT (Emily Romfh) 2-28-06 305-854-4349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #