2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005133

Address:

City-St-Zip:

299 PARK AVENUE

NEW YORK, NY 10171

Entity Name: ROMOHIEDEN DOC TENANT INC

FILED Jul 12, 2004 Secretary of State

Littly Na	ille. DOM/OH	EDEN ROC TENANT, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
299 PARK	KACRE CAPIT AVENUE, FLO RK, NY 10171	AL MANAGEMENT LLC OOR 21-23			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
299 PARK	KACRE CAPIT AVENUE, FLO RK, NY 10171	AL MANAGEMENT LLC DOR 21-23			
FEI Number	: 52-2263261	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1200 SOU PLANTATI The above	PORATION SYSTH PINE ISLANION, FL 33324 named entityse of Florida.	ND ROAD US	purpose of changing its registered	office or registered agent, or both,	
SIGNATU					
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT () KRAVIT, RON 299 PARK AVN NEW YORK, N		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VS () CITRIN, JEFFR 299 PARK AVE NEW YORK, N		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () UVA, KENNETH	Delete J	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RONALD KRAVIT PT 07/12/2004