2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G40631

Entity Name: ROMIVEST INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% JEROME J. COHEN % JEROME J. COHEN

319 S.E. 1ST AVENUE 13899 BISCAYNE BLVD. #108

HALLANDALE BEACH, FL 33009 US NORTH MIAMI BEACH, FL 33181 US

Current Mailing Address: New Mailing Address:

% JEROME J. COHEN % JEROME J. COHEN 319 S.E. 1ST AVENUE 13899 BISCAYNE BLVD. #108

HALLANDALE BEACH, FL 33009 NORTH MIAMI BEACH, FL 33181 US

FEI Number: 59-2289990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COHEN, LAWRENCE J
319 S.E. 1ST AVENUE
COHEN, LAWRENCE J
13899 BISCAYNE BLVD.

HALLANDALE BEACH, FL 33009 US 108

NORTH MIAMI BEACH, FL 33181 US

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.

SIGNATURE: 03/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 COHEN, JEROME J.,
 Name:
 COHEN, JEROME J.,

 Address:
 319 S.E. 1ST AVENUE
 Address:
 13899 BISCAYNE BLVD. #108

City-St-Zip: HALLANDALE BEACH, FL 33009 US City-St-Zip: NORTH MIAMI BEACH, FL 33181 US

Title: DV () Delete Title: DV (X) Change () Addition Name: COHEN, LAWRENCE J.,
Address: 319 S F 1ST AVENUE Address: 13899 BISCAYNE BLVD #108

Address: 319 S.E. 1ST AVENUE Address: 13899 BISCAYNE BLVD. #108
City-St-Zip: HALLANDALE BEACH, FL 33009 US City-St-Zip: NORTH MIAMI BEACH, FL 33181 US

Title: ST () Delete Title: ST (X) Change () Addition

Name:COHEN, LAWRENCE J,Name:COHEN, LAWRENCE J,Address:319 S.E. 1ST AVENUEAddress:13899 BISCAYNE BLVD. #108City-St-Zip:HALLANDALE BEACH, FL 33009 USCity-St-Zip:NORTH MIAMI BEACH, FL 33181 US

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JEROME J. COHEN PRES 03/20/2009