## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 03, 2006 08:00 AM DOCUMENT # G57311 Secretary of State t. Entity Name ROMERO INTERNATIONAL, INC. Principal Place of Business Mailing Address 5836 SW 42ND STREET MIAMI FL 33155 5836 SW 42ND STREET MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-2326973 Not Applicable Zno Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROMERO, ROBERTO 404 NE 6 ST Street Address (P.O. Box Number is Not Acceptable) HALLANDALE FL 33009 Zip Code City 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 Fforida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed in pictoid name of registered agent and title if applicable [NOTE\_Registered Agent signature required when constability] DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May € 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIME Defete BILE Addition. ☐ Change NAME ROMERO, RICARDO NAME U00000419369 5836 SW 42ND ST STREET ADDRESS STREET ADORESS 02/15/05-80004-018 150.00 CKTY-ST-ZIP MIAMI FL CITY-SI-ZIP ☐ Delete □ Adimi THE THE Change NAME MARK STREET AUURESS STHEET ADDRESS CHY-ST-ZIP CITY-ST ZIP RECE ☐ Delete ROLL Ctance 🔲 தந்தில் NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change I Add NAME NAME STREET ADDITIONS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZW TITLE ☐ Delete TITLE ☐] Change □ A.4. NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-21P 0/7Y-ST-7/P ☐ Detete ISTLE 1481.5 ☐ Change . □A∵ NAME MAME STREET ABORESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

12. I hereby certify that the information stopping with this hting does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the informatic 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 direction of the corporation or the receiver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block

an address, with all other like empowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attagnme

SIGNATURE:

**FILED** 

1/31/06 (305)661-29