2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Feb 25, 2004 8:00 am Secretary of State DOCUMENT # J25477 1. Entily Name 02-25-2004 90010 003 ***150 00 ROMASI INVESTMENTS, INC. Principal Place of Business 2025 TOTALL PL 3825 TORSE SARASOTA PL 3825 TORSE 7338 SCUTLING WAY THE HISARASOTA SARASOTA PL 34238 S " Ph. 32314 2. Francipal Place of Business Suite, Apt. #. etc. Sorte: Apt. #. etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 65-0051246 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARSHALL, A. E. JR. MARSHALL, A.F. JR. 3825 TORREY PINES BLVD SARASOTA FL 34238 SARA SOTA 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing, \$5.00 May Be After May 1, 2004. 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. DΡ THILE ☐ Delete MALGE MARSHALL, ALBERT E. JR. NAME 7333 Scotemo Way APT, 1112 SARASOTA PL 34238 3825 TORREY PINES BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-\$1-2IP TITLE TITLE ☐ Delete LONG, DANIEL R III NAME 3940 SOMERSET DR. 3893 GULF BAY CLUB STREET ADDRESS STREET ADDRESS SARASOTA FL 34238 CITY-ST-ZIP City-St-ZiP SARASOTA FL ĎΤ ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME CLEGG, MARTIN J STREET ADDRESS 7303 MIDNIHT PASS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34242 ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-ZIP TITLE ☐ Detete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP TITLE TITLE Addition Delete NAUF . NAME STPEET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR