


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # J87279</b> 1. Entity Name <b>ROANNE INTERNATIONAL, INC.</b>	
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Principal Place of Business <b>8033 N.W. 36TH STREET, SUITE 440 MIAMI, FL 33166</b>	Mailing Address <b>8033 N.W. 36TH STREET, SUITE 440 MIAMI, FL 33166</b>
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04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2836002</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**ISICOFF, ERIC D ESQ.  
1101 BRICKELL AVENUE  
SUITE 704  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U000000750616  
05/18/07-80070-005 300.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RIBADENEIRA, DIEGO 8033 N.W. 36TH STREET MIAMI, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RIBADENEIRA, DANIELA 8033 NW 36 ST. STE. 440 MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST MENENDEZ, GEORGINA 8033 NW 36 ST. 440 MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/07 305-597-9044**  
Date Daytime Phone #