2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L94991

1. Entity Name
ERNESTO ROMANO ENTERPRISES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4922 S. ORANGE AVE. ORLANDO, FL 32806 US	4922 S. ORANGE AVE. ORLANDO, FL 32806 US

01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3028287
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROMANO, ERNESTO
6031 CRYSTAL VIEW DR
ORLANDO, FL 32819

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

U00000607835
01/31/07-80052-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROMANO, ERNESTO
STREET ADDRESS	6031 CRYSTAL VIEW DR
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VP
NAME	ROMANO, GLORIA
STREET ADDRESS	6031 CRYSTAL VIEW RD.
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VP
NAME	ROMANO, RANDALL
STREET ADDRESS	6031 CRYSTAL VIEW DR
CITY-ST-ZIP	ORLANDO, FL 32819
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: _____ 1-22-07 407-856 5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #