



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M31505</b>	
1. Entity Name <b>ROMARY EQUIPMENT, INC.</b>	

Principal Place of Business <b>15600 SW 63 TERRANCE MIAMI, FL 33193 US</b>	Mailing Address <b>15600 SW 63 TERRANCE MIAMI, FL 33193 US</b>
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**DO NOT WRITE IN THIS SPACE**



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2669084</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GUTIERREZ, ROBERTO  
15600 SW 63 TERR  
MIAMI, FL 33193**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000054167 02/16/04-80161-001 158.75</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>DP</b>	<b>GUTIERREZ, ROBERTO</b>
NAME	
STREET ADDRESS <b>15600 S.W. 63 TERR.</b>	
CITY-ST-ZIP <b>MIAMI, FL</b>	
TITLE <b>S</b>	<b>GUTIERREZ, MARIBEL</b>
NAME	
STREET ADDRESS <b>15600 S.W. 63 TERR.</b>	
CITY-ST-ZIP <b>MIAMI, FL 33193</b>	
TITLE <b>V</b>	<b>GUTIERREZ, MARIBEL</b>
NAME	
STREET ADDRESS <b>15600 SW 63 TERR</b>	
CITY-ST-ZIP <b>MIAMI, FL 33193</b>	
TITLE <b>S</b>	<b>SANCHEZ, SUHEIDY</b>
NAME	
STREET ADDRESS <b>8700 SW 133 AVE RD #318</b>	
CITY-ST-ZIP <b>MIAMI, FL 33183</b>	
TITLE <b>D</b>	<b>SANCHEZ, BORYS</b>
NAME	
STREET ADDRESS <b>8700 SW 133 AVE RD #318</b>	
CITY-ST-ZIP <b>MIAMI, FL 33183</b>	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Maribel Gutierrez* **MARIBEL GUTIERREZ** 2/16/04 305-38599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **50**