

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90020 034 ***150.00

| | | | |
|--|---|--|---|
| DOCUMENT # M38819 1. Entity Name ROMINA INVESTMENTS, INC. | | | |
| Principal Place of Business 1670 NW 94TH AVE MIAMI, FL 33172-2836 US | | Mailing Address 1670 NW 94TH AVE MIAMI, FL 33172-2836 US | |
| 2. Principal Place of Business - No P.O. Box # 999 Brickell Bay Dr. | | 3. Mailing Address 999 Brickell Bay Dr. | |
| Suite, Apt. #, etc. Suite # 1010 | | Suite, Apt. #, etc. Suite # 1010 | |
| City & State Miami, FL | | City & State Miami, FL | |
| Zip 33131 | | Zip 33131 | |
| Country USA | | Country USA | |
| 4. FEI Number 59-2773993 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DEL DAGO, CARMEN 1670 NW 94TH AVE MIAMI, FL 33172 | | 7. Name and Address of New Registered Agent Name Carmen Del Dago Street Address (P.O. Box Number is Not Acceptable) 999 Brickell Bay Drive Suite # 1010 Miami FL Zip Code 33131 | |
| 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 <u><i>Carmen Del Dago</i></u> 1/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS DEL DAGO, CARMEN <input type="checkbox"/> Delete 1670 NW 94TH AVE MIAMI, FL 33172 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS Del Dago, Carmen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 999 Brickell Bay Drive, Ste #1010 Miami, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT DEL DAGO, ROSA <input type="checkbox"/> Delete 1670 NW 94 AVE MIAMI, FL 33172 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT DEL DAGO, ROSA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 999 Brickell Bay Drive, Ste #1010 Miami, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u><i>Carmen Del Dago</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>1/20/07</u> (305) 371-2810 | |