2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 24, 2004 8:00 am Secretary of State

Principal Place of Business Co STEPHEN A. REEMAN SOURCELL KEY DRIVE SUITE 0-305 MAMI, FL 33131 SOURCELL KEY DRIVE SUITE 0-305 MAMI, FL 33131 SOURCELL KEY DRIVE SUITE 0-305 MAMI, FL 33131 SOURCE PLANT FLEEMAN SOURCE PLANT S	1. Entity Name ROMFEL INTERNATIONAL TRADING, INC.				05-24-2004 90003 040 ***550.00			
Suite, Apt. #, etc. City & State Country Country Country S. Certificate of Status Desired S. Rame and Address of New Registered Agent T. Name and Address of New Registered Agent T. Nam	C/O STEPHEN 520 BRICKEL	i a. Freeman L Key Drive Suite 0-305	C/O STEPHEN A. FREEMAN 520 BRICKELL KEY DRIVE SUITE 0-305					
City & State Country Country Country Country Country Country S. Certificate of Status Desired Sea, 75, Additional For Acquiride For Acquiride For Acquiride FREEMAN, STEPHEN A. So BRICKELL KEY DR. SUITE 0-305 MIAMI, FL 33131 City City Lity Lity City Lity Lity City Lity Lity FL Typ Cadia City Signature	2. Principal Place of Business		3. Mailing Address					
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062004 Chg-P	CR2E034 (10/03)		
6. Name and Address of Current Registered Agent FREEMAN, STEPHEN A. STEPHEN A. SUITE 0-305 MIAMI, FL 33131 8. The above named entity submits by 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 and title # applicable. NOTE: Registered Agent signature required whan remastering) PLATE FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Delete TITLE NAME SPEEMAN, STEPHEN A. SIRERI ADDRESS CITY ST-2P MIAMI, FL 33131 TITLE VPS MIAMI, FL 33131 TITLE MAME MAM	City & State		City & State					
FREEMAN, STEPHEN A. 520 BRICKELL KEY DR. SUITE 0-305 MIAMI, FL 33131 8. The above named entity submit tips 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. III. III. II	· ·	Country	Zip	Country	5. Certificate of Status Desired			
SUITE 0-305 MIAMI, FL 33131 8. The above named entity submits tuts 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 and other interests of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and other interests of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of		6. Name and Address of Current I	Registered Agent		7. Name and Address of New	Registered Agent		
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, wheel or printed name of registered agent and title if applicable. (NOTE Registered Apent signature required when renetating) PILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S PREEMAN, STEPHEN A. SURET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE VPS MIAMI, FL 33131 TITLE VP Delete TITLE VP DELETE ADDRESS SO BRICKELL KEY DRIVE SUITE 0-305 STREET ADDRESS SO BRICKELL KEY DRIVE SUITE 0-305 STREET ADDRESS SO BRICKELL KEY DR STE 0305 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS SO BRICKELL KEY DR STE 0305 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS SO BRICKELL KEY DR STE 0305 MIAMI, FL 33131 Delete TITLE NAME Delete TITLE NAME Addition NAME	520 BRICK SUITE 0-30	ELL KEY DR. 05	ı	Street Address	10 10 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5°rive	strokon U	.C
SIGNATURE Signature, hybeid or printed name of registered agent and side of applicable. (NOTE Registered Agent signature required when rendstating) PILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S STREET ADDRESS CITY-ST-2P MIAMI, FL 33131 TITLE VPS MIAMI, FL 33131 TITLE MIAME STREET ADDRESS S20 BRICKELL KEY DRIVE SUITE 0-305 STREET ADDRESS CITY-ST-2P MIAMI, FL 33131 TITLE VPS MIAMI, FL 33131 TITLE MIAME STREET ADDRESS S20 BRICKELL KEY DRIVE SUITE 0-305 STREET ADDRESS S20 BRICKELL KEY DRIVE SUITE 0-305 STREET ADDRESS S20 BRICKELL KEY DRIVE SUITE 0-305 STREET ADDRESS S20 BRICKELL KEY DR STE 0305 MIAMI, FL 33131 Delete TITLE MAME STREET ADDRESS S20 BRICKELL KEY DR STE 0305 MIAMI, FL 33131 Delete TITLE MAME MIAMI, FL 33131 Delete TITLE MAME MIAMI, FL 33131 Delete TITLE MAME MAME Addition					MIGINI	<u> </u>	101	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE S Delete NAME FREEMAN, STEPHEN A. STREET ADDRESS CITY-ST-ZIP ITILE VPS MIAMI, FL 33131 CITY-ST-ZIP ITILE VP MIAMI, FL 33131 CITY-ST-ZIP ITILE VP MIAMI, FL 33131 CITY-ST-ZIP ITILE VP STREET ADDRESS CITY-ST-ZIP ITILE VP CITY-ST-ZIP ITILE VP Addition NAME STREET ADDRESS CITY-ST-ZIP ITILE VP CITY-ST-ZIP ITILE VP CITY-ST-ZIP ITILE VP CACAL-TVAMON STREET ADDRESS CITY-ST-ZIP ITILE CHange Addition NAME STREET ADDRESS CITY-ST-ZIP ITILE CHANGE CHANGE Addition Addition NAME CITY-ST-ZIP TITLE CHANGE CHANGE Addition Addition Addition Addition Addition NAME CITY-ST-ZIP TITLE CHANGE CHANGE Addition Addition Addition Addition CHANGE Addition AMME CITY-ST-ZIP TITLE CHANGE Addition Addition Addition Addition Addition AMME Addition AMME			the purpose of changing it	s registered office or regist	ered agent, or both, in the State of F	lorida. I am familiar with,	and accept	
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME FREEMAN, STEPHEN A. STREET ADDRESS CITY-ST-ZIP TITLE VPS MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VP Delete TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CHY-ST-ZIP MIAMI, FL 33131 Delete TITLE NAME Addition Added to Fees Added to Fees Addition Added to Fees Addition STREET ADDRESS CITY-ST-ZIP Addition Added to Fees Addition STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CHY-ST-ZIP MIAMI, FL 33131 Delete TITLE NAME Addition Added to Fees Addition	SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent signature requi	red when reinstating)	5/13/04		
TITLE NAME STREET ADDRESS CITY-ST-ZIP NILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VPS SACAL, RAQUEL H. STREET ADDRESS CITY-ST-ZIP TITLE VP SACAL, RAQUEL H. STREET ADDRESS CITY-ST-ZIP TITLE VP MAMI, FL 33131 TITLE VP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME							į	
NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE VP NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE VP NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VP CACALTIVAMON STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME NAME TITLE NAME NAME TITLE NAME NAME TITLE NAME NAME NAME NAME TITLE NAME NAME TITLE NAME NAME TITLE NAME NAME	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE VP CACAL+TVAMON STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE TITLE Delete TITLE NAME NAME TITLE NAME NAME NAME NAME NAME NAME NAME TITLE NAME NAME	NAME Street Address	FREEMAN, STEPHEN A. 520 BRICKELL KEY DRIVE SUI		NAME STREET ADDRESS		☐ Change	Addition	
NAME SACALTRAMON NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE Delete TITLE NAME NAME Delete NAME	NAME STREET ADDRESS	SACAL, RAQUEL H. 520 BRICKELL KEY DRIVE SUI	_	NAME STREET ADORESS		☐ Change	Addition	
NAME NAME	NAME STREET ADDRESS	CACAL+RAMON 520 BRICKELL KEY DR STE 030		NAME STREET ADDRESS		☐ Change	Addition	_
CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME Street address		☐ Change	Addition	
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		•		

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 OF DIRECTOR