

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90219 031 \*\*\*150.00

**60033244**



0112006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # M56659</b> 1. Entity Name <b>ROMFEL INTERNATIONAL TRADING, INC.</b>					
Principal Place of Business <b>C/O STEPHEN A. FREEMAN 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131</b>			Mailing Address <b>C/O STEPHEN A. FREEMAN 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>TRANSGLOBAL CORPORATE ADMIN LLC 520 BRICKELL KEY DR. SUITE 0-305 MIAMI, FL 33131</b>				Name <b>Transglobal Corporate Administration, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 Brickell Key Drive</b> <b>Suite 0-305</b> City <b>Miami</b>	
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.				FL Zip Code <b>33131</b>	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>				Samuel P. Haven <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE <b>3/2/06</b>				DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S		<input type="checkbox"/> Delete		
NAME	FREEMAN, STEPHEN A.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305				
CITY-ST-ZIP	MIAMI, FL 33131				
TITLE	VPS		<input type="checkbox"/> Delete		
NAME	SACAL, RAQUEL H.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305				
CITY-ST-ZIP	MIAMI, FL 33131				
TITLE	VP		<input type="checkbox"/> Delete		
NAME	SACAL, RAMON		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	520 BRICKELL KEY DR STE 0305				
CITY-ST-ZIP	MIAMI, FL 33131				
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
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 persons empowered.					
SIGNATURE:			Ramen Sacal 03/30/06 305-3743800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			Date <small>Daytime Phone #</small>		