


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90016 029 \*\*\*\*61.25

<b>DOCUMENT # N00000003433</b>	
1. Entity Name <b>ASSOCIATION OF ROMANENSES RESIDENTS IN FLORIDA, INC.</b>	

Principal Place of Business <b>2814 N.W. 17TH AVENUE MIAMI, FL 33142</b>	Mailing Address <b>2814 N.W. 17TH AVENUE MIAMI, FL 33142</b>
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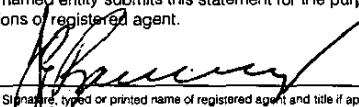
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04052004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-1010613</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>RAMIREZ, JUAN E</b> <b>19651 N.W. 59TH PLACE</b> <b>MIAMI, FL 33015</b>		Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> Zip Code	

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 	DATE <b>4/5/04</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RAMIREZ, JUAN E</b> <b>19651 N.W. 59TH PLACE</b> <b>MIAMI, FL 33015</b> <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	<b>VD</b> <b>GARCIA, JORGE</b> <b>15241 S.W. 80TH ST. APT I-306</b> <b>MIAMI, FL 33193</b> <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	<b>VD</b> <b>MORILLO, NESTOR</b> <b>19651 N.W. 59TH PLACE</b> <b>MIAMI, FL 33015</b> <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	<b>S</b> <b>RÓDRIGUEZ, DAVID</b> <b>2814 N.W. 17TH AVENUE</b> <b>MIAMI, FL 33142</b> <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	<b>AS</b> <b>REINOSO, ROGELY</b> <b>2814 N.W. 17TH AVENUE</b> <b>MIAMI, FL 33142</b> <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 exemption stated in Section 119.07(3)(i), 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 617, 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.	
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SIGNATURE: 	DATE: <b>4/5/04</b>	DAYTIME PHONE: <b>305-635-3560</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		