
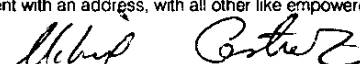


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2008 8:00 am**  
**Secretary of State**

08-29-2008 90002 008 \*\*\*\*61.25

<b>DOCUMENT # N02000000269</b> 1. Entity Name S O S ROMANIA, CORP.					
Principal Place of Business 8652 ESCONDIDO WAY E BOCA RATON, FL 33433				Mailing Address 8652 ESCONDIDO WAY E BOCA RATON, FL 33433	
2. Principal Place of Business - No P.O. Box # <b>1830 DIXIANA ST</b>		3. Mailing Address <b>1830 DIXIANA ST</b>			
Suite, Apt. #, etc. <b>APT # 402</b>		Suite, Apt. #, etc. <b>APT. 402</b>			
City & State <b>HOLLYWOOD, FL</b>		City & State <b>HOLLYWOOD, FL</b>			
Zip <b>33020</b>		Country <b>USA</b>		Zip <b>33020</b>	
Country <b>USA</b>		4. FEI Number <b>02-0531392</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AMANCI, MICHAEL</b> <b>8652 ESCONDIDO WAY E.</b> <b>BOCA RATON, FL 33433</b>				7. Name and Address of New Registered Agent Name <b>MIHAIL COSTACHE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1830 DIXIANA ST. #402</b> City <b>HOLLYWOOD, FL</b> <b>FL</b> Zip Code <b>33020</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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMANCI, MICHAEL 8637 ESCONDIDO WAY E. BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIHAIL COSTACHE 1830 DIXIANA ST. #402 HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MIHAIL, COSTACHE 1830 DIXIANA ST #402 HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MIHAIL NEACSU 805 NE 8th street HALLANDALE, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD AMANCI, ANA U M 8637 ESCONDIDO WAY E. BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD IULIANA COSTACHE 1830 DIXIANA ST. #402 HOLLYWOOD, FL 33020 <input type="checkbox"/> Change <input checked="" 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	
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 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.					
<b>SIGNATURE: X</b> 			<b>MAY 10-2008 (954)</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		