

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007049

FILED
Mar 18, 2004
Secretary of State**Entity Name:** ROMANS SCHOOLS INC.**Current Principal Place of Business:**11515 SW 60 ST.
MIAMI, FL 33173 US**New Principal Place of Business:****Current Mailing Address:**11515 SW 60 ST.
MIAMI, FL 33173 US**New Mailing Address:****FEI Number:** 20-0142497**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ARRASTIA, JORGE J
11515 SW 60 ST
MIAMI, FL 33173 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARRASTIA, JORGE J
Address: 11515 SW 60 ST
City-St-Zip: MIAMI, FL 33173 US

Title: VP () Delete
Name: CABANILLA, ENRIQUE
Address: 4117 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33146 US

Title: SEC () Delete
Name: DUYOS, RAFAEL
Address: 7704 SW 129 CT.
City-St-Zip: MIAMI, FL 33183 US

Title: TREA () Delete
Name: RODRIGUEZ, MARIA
Address: 7921 NW 169 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: VOC () Delete
Name: MARTINEZ-FRAGA, PEDRO J
Address: 11251 SW 157 CT
City-St-Zip: MIAMI, FL 33196 US

Title: VOC () Delete
Name: ARAGON, MARITZA
Address: 2002 SW 84 CT
City-St-Zip: MIAMI, FL 33155 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE J ARRASTIA

P

03/18/2004

Electronic Signature of Signing Officer or Director

Date