


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90019 030 ***150.00

DOCUMENT # P00000015903 1. Entity Name CARISSA ROMERO, INC.					
Principal Place of Business 8612 PENSACOLA BLVD PENSACOLA, FL 32534			Mailing Address 8612 PENSACOLA BLVD PENSACOLA, FL 32534		
2. Principal Place of Business 100 E. Ten Mile Rd. Suite, Apt. #, etc.			3. Mailing Address 100 E. Ten Mile Rd. Suite, Apt. #, etc.		
City & State Pensacola FL.		City & State Pensacola, FL		4. FEI Number 59-3624237	
Zip 32534		Country Escambia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent ROMERO, CARISSA 60 HWY 97 MOLINO, FL 32577		7. Name and Address of New Registered Agent Name Carissa Romero President Street Address (P.O. Box Number is Not Acceptable) 100 E. Ten Mile Rd. Pensacola FL Zip Code 32534			
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 <u><i>Carissa Romero Pres.</i></u> 02/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMERO, CARISSA 60 HWY 97 100 E. Ten Mile Rd MOLINO, FL 32577 Pensacola, FL 32534	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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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 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: <u><i>Carissa Romero Pres.</i></u> 02/23/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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