

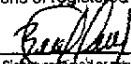
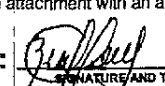


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000028728		
1. Entity Name ROMAJU CORP.		
Principal Place of Business 7545 S.W. 55 AVENUE MIAMI, FL 33143		Mailing Address 7545 S.W. 55 AVENUE MIAMI, FL 33143
DO NOT WRITE IN THIS SPACE		
		 01242006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-1127111		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
AGUIRRE, ROSA M 7545 S.W. 55 AVENUE MIAMI, FL 33143		DO NOT WRITE IN THIS SPACE
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  Rosa M. Aguirre <small>Signature type 2 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 01/28/2006
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		0000000414583 02/11/06-80043-003 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGUIRRE, ROSA M 7520 S W 58 AVENUE MIAMI, FL 33143	
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DO NOT WRITE IN THIS SPACE		
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 like empowered.		
SIGNATURE:  Rosa M. Aguirre <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 01/28/2006 DAYTIME PHONE # 305-6638634