FILED
Apr 07, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000049365

1. Entity Name
TRAVERTINO ROMANO, INC.

Principal Place of Business	Mailing Address
780 NE 69TH STREET, SUITE 1708 MIAMI, FL 33138	780 NE 69TH STREET, SUITE 1708 MIAMI, FL 33138

DO NOT WRITE IN THIS SPACE

04022004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1010598
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARDI, ROBERTO
4770 BISCAYNE BLVD., SUITE 1100
MIAMI, FL 33137

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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
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing))

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000105977
-040407704-80048-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	LEONARDI, ROBERTO
STREET ADDRESS	4770 BISCAYNE BLVD., SUITE 1100
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	LEONARDI, MARIA F
STREET ADDRESS	4770 BISCAYNE BLVD., SUITE 1100
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: ROBERTO LEONARDI 3.31.04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #