


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90051 041 ***158.75

DOCUMENT # P01000057207
 1. Entity Name
ROMAN FEDO, INC.



Principal Place of Business Mailing Address
4065 SOUTH MILITARY TRAIL **4065 SOUTH MILITARY TRAIL**
LAKE WORTH FL 33463 **LAKE WORTH FL 33463**

00010610




1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-1114426 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~SOLOMON MARC~~
~~2600 N. MILITARY TRAIL~~
~~BOCA RATON FL 3~~
 Mr. Anthony S. Lazzara
 601 S Seas Dr # 202
 Jupiter, FL 33477

7. Name and Address of New Registered Agent
 Name **ANTHONY SAM LAZZARA**
 Street Address (P.O. Box Number is Not Acceptable) **601 SOUTH SEAS DRIVE # 202**
JUPITER, FL 33477
 City State **FL** Zip Code

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  **ANTHONY SAMUEL LAZZARA** DATE **1/30/05**
Signature used or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LAZZARA, ANTHONY SAM 601 SOUTH SEAS DRIVE, UNIT 202 JUPITER FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FEDO, ASHLEIGH Y 1707 GEORGIA AVENUE WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Fedo Ashleigh Y 4065 S. MILITARY TRAIL LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE **1/30/05** DAYTIME PHONE # **8010410**
SIGNATURE AND DATED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR