

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90395 001 \*\*\*150.00

**DOCUMENT # P01000067057**



1. Entity Name  
**ROMEO ROMEO, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>2633 LANTANA ROAD<br/>         SUITE 5<br/>         LAKE WORTH FL 33462<br/>         US</b> | Mailing Address<br><b>2633 LANTANA ROAD<br/>         SUITE 5<br/>         LAKE WORTH FL 33462<br/>         US</b> |
|---|---|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



MOORE CR2E034 (11/03)

|                                    |   |  |
|------------------------------------|---|--|
| 4. FEI Number<br><b>65-1119005</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|------------------------------------|---|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent  
**WALKER, KAREN  
 2633 LANTANA ROAD  
 SUITE 5  
 LANTANA FL 33462**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS |                           | <input type="checkbox"/> Delete |
|----------------------------|---------------------------|---------------------------------|
| TITLE                      | P                         |                                 |
| NAME                       | WALKER, KAREN             |                                 |
| STREET ADDRESS             | 2633 LANTANA ROAD SUITE 5 |                                 |
| CITY-ST-ZIP                | LANTANA FL 33462          |                                 |
| TITLE                      |                           | <input type="checkbox"/> Delete |
| NAME                       |                           |                                 |
| STREET ADDRESS             |                           |                                 |
| CITY-ST-ZIP                |                           |                                 |
| TITLE                      |                           | <input type="checkbox"/> Delete |
| NAME                       |                           |                                 |
| STREET ADDRESS             |                           |                                 |
| CITY-ST-ZIP                |                           |                                 |
| TITLE                      |                           | <input type="checkbox"/> Delete |
| NAME                       |                           |                                 |
| STREET ADDRESS             |                           |                                 |
| CITY-ST-ZIP                |                           |                                 |
| TITLE                      |                           | <input type="checkbox"/> Delete |
| NAME                       |                           |                                 |
| STREET ADDRESS             |                           |                                 |
| CITY-ST-ZIP                |                           |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE   |  |                                 |                                   |
| NAME  |  |                                 |                                   |
| STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP   |  |                                 |                                   |
| TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |  |                                 |                                   |
| STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP   |  |                                 |                                   |
| TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |  |                                 |                                   |
| STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP   |  |                                 |                                   |
| TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |  |                                 |                                   |
| STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP   |  |                                 |                                   |

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: Karen Walker **KAREN WALKER** April 26 2004 561 963 3737  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #