2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

DOCUMENT # P01000093994 1. Entity Name STAN ROMERO, INC.				04-16-	2004 90072 043 ***15	50.00	
Principal Place of Business 1465 DAYTONIA ROAD MIAMI BEACH, FL 33140		Mailing Address 1465 DAYTONIA ROAD MIAMI BEACH, FL 33140					
	Place of Business	3. Mailing Address					
/08/00 Suite, Apt.	BISCAYNE BLVO	10800 BISCATNE BLVD Suite, Apt. #, etc.			OD05004 (40)04		
10 TH FCOOR City & State		/0 7# FLOOR City & State		04052004 Chg-f		Applied For	
MIAMI FL		MIAMI FL		65-1155816		Not Applicable	
Zip 33/	161 Country	33161	Country レンA	5. Certificate of Status Di	, , , . Tee Requi	Additional ired	
	6. Name and Address of Current	Registered Agent	Name 0-		f New Registered Agent		
1465 DAYTONIA ROAD Street Address				MERO, STAN ss (P.Q. Box Number is Not Act	(P.O. Box Number is Not Acceptable)		
MIAMI BEACH, FL 33140				BISCAYNE R	<u>5000</u>		
				11AMI FL Zip Code 32/61			
8. The above	named entity submit his statement to	or the purpose of changing its				-1 -1	
the obligat	tions of registered dent.	- 1/-			11 15 -21 11		
SIGNATURE	Signature, typed or printed name of registered agent	anguitte tapplicable. (NOT	E: Registered Agent signature requ	uired when reinstating)	4-2-4 DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Cont		\$5.00 May Be added to Fees		:-	
10.	OFFICERS AND		11.		TO OFFICERS AND DIRECTO		
NAME STREET ADDRESS CITY-ST-ZIP	PST ROMERO, STAN 1465 DAYTONIA, ROAD MIAMI BEACH, FL 33140	☐ Delete	STREET ADDRESS / 0	MERO, STAN 800 BISCAYNE NAMI FL 3	Change BCVD 1097# P		
TITLE		☐ Delete	TITLE	···(iviti 1	☐ Change	e 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	75%		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE		Delete	TITLE		☐ Change	Addition	
NAME Street Address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP				
TITLE		´ □ Delete	TITLE NAME		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME		Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			-· 	
12. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee amount, or on an attachment with an address.	n this illing does not qualify for strue and accurate and that re owered to execute this report with all other like empowered.	r the exemption stated in ny signature shall have th as required by Chapter (Section 119.07(3)(i), Florida Si ne same legal effect as if made 607, Florida Statutes; and that r	atutes. I further certify that the under oath; that I am an office my name appears in Block 10	information er or director or Block 11 if	
SIGNAT	URE:		~	4-2	-4 35.479.	9079	
J. W. W. C.	SIGNATURE AND TYPED OR I	RINTED NAME SIGNING OFFICER	OR DIRECTOR	Date	Daytime Phone #		