



2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000097116 1. Entity Name ROMANICO'S CORPORATION						FILED 06 AUG -9 PM 2:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1801 CORAL WAY 116 MIAMI, FL 33145		Mailing Address 1801 CORAL WAY #116 MIAMI, FL 33145				07212006 Chg-P CR2E034 (11/05)	
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 01-0648404			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BIGAI, RICARDO 1912 SW 17TH AVE #17 MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Maria A. Biqai Street Address (P.O. Box Number is Not Acceptable) 1801 Coral Way, #116 City Miami FL Zip Code 33145			
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 <u><i>[Signature]</i></u> Maria A. Biqai, President 07/27/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGAI, RICARDO <input checked="" type="checkbox"/> Delete 1912 SW 17TH AVE #17 MIAMI, FL 33145			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aida Murguia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1801 Coral Way, #116 Miami, Florida 33145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGAI, MARIA A <input type="checkbox"/> Delete 1912 SW 17TH AVE #17 MIAMI, FL 33145			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800079055008 08/23/06--01034--022 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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 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: <u><i>[Signature]</i></u> Maria A. Biqai, President 7/27/06 305.7728731 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							