
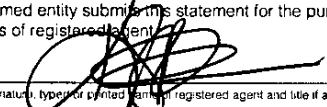
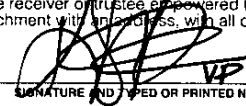


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

02-01-2005 90023 030 ***150.00

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|---|---|---|---|--|--|
| DOCUMENT # P02000007575 1. Entity Name ROMANELLO TROPICAL NURSERY, INC. | | | |  | |
| Principal Place of Business 20710 SW 54TH PLACE FORT LAUDERDALE, FL 33332 | | | Mailing Address 20710 SW 54TH PLACE FORT LAUDERDALE, FL 33332 | | |
| 2. Principal Place of Business 20710 SW 54TH PLACE Suite, Apt. #, etc. | | 3. Mailing Address 20710 SW 54TH PL. Suite, Apt. #, etc. | | | |
| City & State SOUTHWEST RANCHES | | City & State SOUTHWEST RANCHES | | 4. FEI Number 01-0588330 | |
| Zip 33332 | | Country FLORIDA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33332 | | Country BROWARD | | 6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; height: 100px; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 100% 100%; pointer-events: none;"></div> <div style="position: absolute; top: 5px; left: 5px;"> COHEN, MARK C.P.A. 1772 EAST TRAFALGAR CIRCLE HOLLYWOOD, FL 33020 </div> </div> | |
| City & State SOUTHWEST RANCHES | | City & State SOUTHWEST RANCHES | | 7. Name and Address of New Registered Agent Name KIMBERLY S. ROMANELLO Street Address (P.O. Box Number is Not Acceptable) 20710 SW 54TH PLACE City SOUTHWEST RANCHES FL 33332 | |
| 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: 3/3/2005 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 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 | PD ROMANDO, FRANK 20710 SW 54TH PL. FORT LAUDERDALE, FL 33332 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ROMANELLO, FRANK 20710 SW 54TH PLACE SOUTHWEST RANCHES, FL. 33332. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD ROMARELLO, KIMBERLY 20710 SW 54TH PLACE FORT LAUDERDALE, FL 33332 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD ROMANELLO, KIMBERLY 20710 SW 54TH PLACE SOUTHWEST RANCHES, FL. 33332. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="border: 1px solid black; height: 40px;"></div> | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="border: 1px solid black; height: 40px;"></div> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  KIMBERLY S. ROMANELLO 3/3/05 (954) 680-8686 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |