
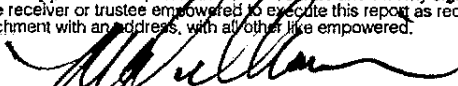


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000037671 1. Entity Name ROMAR INDUSTRIES, INC.		
Principal Place of Business 4591 N.W. 41 PLACE LAUDERDALE LAKES, FL 33319	Mailing Address 4591 N.W. 41 PLACE LAUDERDALE LAKES, FL 33319	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FELLOWS, PETER D ESQ. 7491 WEST OAKLAND PARK SUITE 301 LAUDERHILL, FL 33319		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMS, MICHAEL A 4591 NW 41 PLACE LAUDERDALE LAKES, FL 33319	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILLIAMS, ROBERT A 4591 NW 41 PLACE LAUDERDALE LAKES, FL 33319	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8/27/04 9542705858 <small>Date Daytime Phone #</small>



08292004 No Chg-P CR2E034 (10/03)

4. FEI Number 61-1412189	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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09/08/04-80008-015 558.75

**DO NOT WRITE
IN THIS SPACE**