

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90277 050 ***150.00

DOCUMENT # P02000105198					
1. Entity Name ROMANI DESIGNS, INC.					
Principal Place of Business 1001 US FEDERAL HWY NO 311 HALLANDALE FL 33009			Mailing Address 1001 US FEDERAL HWY NO 311 HALLANDALE FL 33009		
2. Principal Place of Business 712 SW 2 ND AVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State HALLANDALE		City & State		4. FEI Number 36-4508589	
Zip 33009		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMANI, MELISA ADELA 729 NE 4TH COURT APT D HALLANDALE FL 33009			7. Name and Address of New Registered Agent Name: ROMANI, MELISA ADELA Street Address (P.O. Box Number is Not Acceptable): 712 SW 2 ND AVE City: HALLANDALE FL Zip Code: 33009		
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: <i>Melisa Roman</i> <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 \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSD	NAME ROMANI, MELISA ADELA		TITLE 	NAME ROMANI, MELISA ADELA	
STREET ADDRESS 729 NE 4TH COURT APT D	CITY-ST-ZIP HALLANDALE FL 33009		STREET ADDRESS 712 SW 2 ND AVE	CITY-ST-ZIP HALLANDALE, FL 33009	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 			TITLE 		
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 			TITLE 		
NAME 			NAME 		
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CITY-ST-ZIP 			CITY-ST-ZIP 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Melisa Roman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	



MOORE CR2E034 (11/03)