2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000118405

1. Entity Name

ROMANCO SERVICES, INC.



Apr 14, 2003 8:00 am \$ Secretary of State , 04-14-2003 90051 007 ***158.75

FILED

DOCUMENT #

Principal Place of Business 405 BLUE BIRD STREET APOPKA FL 32703

Mailing Address 405 BLUE BIRD STREET APOPKA FL 32703

2. Principal Place of Business 3. Mailing Address Same Suite, Apt. #, etc Suite, Apt. #, etc. City & State City & State

CHECK HERE IF MAKING CHANGES

405 BLUE BIRD STREET APOPKA FL 32703

REATEGUI, MAGNO F

Country

Zip

Country

5. Certificate of Status Desired

4. FEI Number

76 - 0751029

7. Name and Address of New Registered Agent

Applied For Not Applicable

\$8.75 Additional

Name and Address of Current Registered Agent

Street Address (P.O. Box Number Is Not Acceptable)

City

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE President Change Addition NAME NAME Magno Realegui 405 Blue Bird St. STREET ADDRESS STREET ADDRESS Apopka, Fl. 3270 CITY-ST-ZIP CITY-ST-ZIP Vice-President TITLE ☐ Delete TITLE Addition NAME Norma R. Riva NAME STREET ADDRESS STREET ADDRESS 1845 Concord Drive CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 of the corporation or the recei changed, or on an attachmen with all other like empowered.

SIGNATURE: