2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State
01-13-2004 90012 025 ***150.00

DOCUMENT # P03000013187

1. Entity Name
ROMAL ENTERPRISES, INC

Principal Place of Business	Mailing Address
1850 SW 122 AVE. #313 MIAMI, FL 33175	1850 SW 122 AVE. #313 MIAMI, FL 33175

66A01999

01072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2740 W 63 ST #202	
Suite, Apt. #, etc. 202	Suite, Apt. #, etc.
City & State Hialeah FL	City & State
Zip 33016 Country	Zip Country

4. FEI Number 55-0818613 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, WILLIAM E 1850 SW 122 AVE. MIAMI, FL 33175	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P RODRIGUEZ, WILLIAM E 1850 SW 122 AVE. MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MALO, WILLIAM M 1850 SW 122 AVE. MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 01-12-04 (305)825-0194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
66401999
P03000013187

HIALEAH, FEBRUARY 7/2004

SRS:

DIVISION OF CORPORATIONS

WE SEND YOU THE NUMBER OF FEN: 55-0818613
PLEASE, THIS IS OUR NEW ADDRESS

ROMAL ENTERPRISES, INC
2740 W 63 ST # 202
HIALEAH, FL 33016
TELEFAX: (305) 825-0194

SINCERELY

William Rodriguez
Presidente