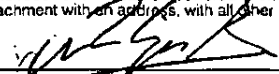


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 1850 SW 122 AVE. #313 MIAMI, FL 33175		Mailing Address 1850 SW 122 AVE. #313 MIAMI, FL 33175	
2. Principal Place of Business 2740 W 63 ST #202		3. Mailing Address	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc.	
City & State Hialeah FL		City & State	
Zip 33016		Country	
4. FEL 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 RODRIGUEZ, WILLIAM E 1850 SW 122 AVE. MIAMI, FL 33175		7. Name and Address of New Registered Agent	
Name		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
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
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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 (395) 825-0194	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Attachment
66401999
PU3000013187

HIALEAH, FEBRUARY 7/2004

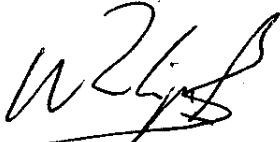
SRS:

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