


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90054 049 ***150.00

DOCUMENT # P03000051737	
1. Entity Name ROMEKA ENTERPRISES INC	

Principal Place of Business 3175 NORTHEAST 151 STREET NORTH MIAMI, FL 33160 US	Mailing Address 3400 NORTHEAST 163 STREET NORTH MIAMI, FL 33160 US
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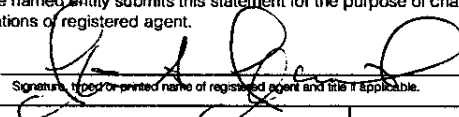
2. Principal Place of Business 7304 GATES CIRCLE	3. Mailing Address 7304 GATES CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SPRING HILL, FL	City & State SPRING HILL, FL
Zip 34606	Zip 34606
Country USA	Country USA



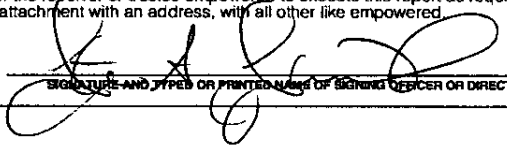
01132004 Chg-P CR2E034 (10/03)

8. Name and Address of Current Registered Agent SPRINCZELES, STEVEN A 3400 NORTHEAST 163 STREET NORTH MIAMI, FL 33160	
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7. Name and Address of New Registered Agent Name: SPRINCZELES, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 7304 GATES CIRCLE City SPRING HILL FL Zip Code 34606	
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 02/26/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPRINCZELES, STEVEN A		NAME SPRINCZELES, STEVEN A	
STREET ADDRESS 3400 NORTHEAST 163 STREET		STREET ADDRESS 7304 GATES CIRCLE	
CITY-ST-ZIP NORTH MIAMI, FL 33160		CITY-ST-ZIP SPRING HILL, FL 34606	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 02/26/04 DAYTIME PHONE # 352-238-0925