
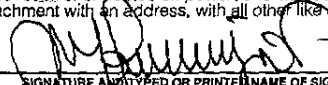


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000065323		
1. Entity Name DE ROMPE Y RAJA CORP.		
Principal Place of Business 1427 SW 107TH AVE. MIAMI, FL 33174		Mailing Address 13550 SW 48TH TERRACE MIAMI, FL 33175
DO NOT WRITE IN THIS SPACE		
		02222005 No Chg-P CR2E034 (10/03)
		4. FEI Number 01-0786590
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CORNEJO, MILAGROS I MRS. 13550 SW 48TH TERRACE MIAMI, FL 33175		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	CORNEJO, MILAGROS I MRS.	
STREET ADDRESS	13550 SW 48TH TERRACE	
CITY- ST- ZIP	MIAMI, FL 33175	
TITLE	VP	
NAME	CORNEJO, MARIA S MRS.	
STREET ADDRESS	8108 SW 158 COURT	
CITY- ST- ZIP	MIAMI, FL 33193	
TITLE	D	
NAME	CORNEJO, LUZ M MRS.	
STREET ADDRESS	8108 SW 158 COURT	
CITY- ST- ZIP	MIAMI, FL 33193	
TITLE	D	
NAME	CORNEJO, SALOMON M MR.	
STREET ADDRESS	8108 SW 158 COURT	
CITY- ST- ZIP	MIAMI, FL 33193	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
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: 		03/11/2005 (305) 534-7210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #