

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100166

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: TROMAN ENTERPRISES GROUP CORPORATION

**Current Principal Place of Business:**

16101 SW 281ST STREET  
HOMESTEAD, FL 330331197

**New Principal Place of Business:**

**Current Mailing Address:**

16101 SW 281ST STREET  
HOMESTEAD, FL 330331197

**New Mailing Address:**

FEI Number: 04-3774758

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROMAN, DAVID C  
16101 SW 281 STREET  
HOMESTEAD, FL 330331197 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROMAN, ANNA M  
Address: 16101 SW 281ST STREET  
City-St-Zip: HOMESTEAD, FL 330331197

Title: VTD ( ) Delete  
Name: ROMAN, CARMELO  
Address: 16101 SW 281ST STREET  
City-St-Zip: HOMESTEAD, FL 330331197

Title: S ( ) Delete  
Name: ROMAN, DAWN M  
Address: 16101 SW 281ST STREET  
City-St-Zip: HOMESTEAD, FL 330331197

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA M. ROMAN

PD

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date