

2005 FOR PROFIT CORPORATION ANNUAL REPORT


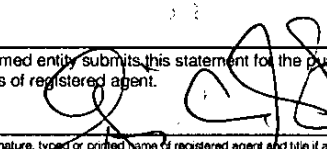
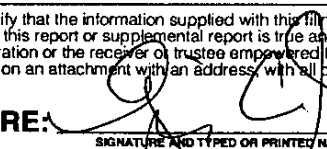
FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90390 014 ***150.00

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01132005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000106272					
1. Entity Name GINA C. ROMERO CONSULTING, INC.					
Principal Place of Business 990 SW LEJEUNE RD MIAMI, FL 33134			Mailing Address 990 SW LEJEUNE RD MIAMI, FL 33134		
2. Principal Place of Business 1600 SW 57 Ave.		3. Mailing Address 1600 SW 57 Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 41-2110319	
Zip 33155		Country USA		Applied For Not Applicable	
Zip 33155		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMERO, GINA C 990 SW LEJEUNE ROAD MIAMI, FL 33134			7. Name and Address of New Registered Agent Name: Gina C. Romero Street Address (P.O. Box Number is Not Acceptable): 1600 SW 57 Avenue City: Miami, FL Zip Code: 33155		
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: 4-25-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROMERO, GINA C % 990 SW LEJEUNE RD MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Gina C. Romero 1600 SW 57 Avenue Miami, FL 33155 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date: 4-25-05 (305) 266-4666		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		