## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 21, 2006 8:00 am Secretary of State 04-21-2006 90112 003 \*\*\*158.75 **DOCUMENT # P03000106272** GINÁ C. ROMERO CONSULTING, INC. 400,200. Principal Place of Business Mailing Address 1600 SW 57 AVE 1600 SW 57 AVE MIAMI, FL 33155 MIAMI, FL 33155 No Chg-P CR2E034 (11/05) 04132006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2110319 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROMERO, GINA C DO NOT WRITE 1600 SW 57 AVE MIAMI, FL 33155 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be F{LE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ROMERO, GINA C NAME 1600 SW 57 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and a indicated on this report or supplemental report is true as of the corporation or the receiver or trustee empowered changed, or on an attachment with an apparess, with all of that my signature shall have the same legal effect as if made under oath; that I am an officer or director Seport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if or trustee empowered to

SIGNATURE: \_

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**