2004 FOR PROFIT CORPORATION

FILED May 21, 2004 8:00 am Secretary of State 04-02-2004 90048 041 ***150.00

4/2/

	ANNUAL	REPORT	(AR)
DOCUMEN.	T # P0300010	9939	200 105

1. Entity Name

ROMEGA PLASTERING, INC

Principal Place of Business	Mailing Address	
9150 NW 35TH COURT MIAMI FL 33147	9150 NW 35TH COURT MIAMI FL 33147	
รา เกลานี้จ		
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc,	
City & State	City & State	

MIAMI FL 33	1147 "		MAM	II FL 33147							
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2. Principal Pl	ace of Busin	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				MOORE CR2E034 (11/03)				
City & State		City & State			4. F	El Number	-	4	blied For Applicable		
. Zip		Country	Zip	Zip Country			5. C	5. Certificate of Status Desired See Required			
	6 Name	and Address of C	Urrent Begietere	A Ament	Ь	7. Name and Address of New Registered Agent					
6. Name and Address of Current Registered Ageπt					Name Name						
ROGER MENA SR				·							
		TH COURT		7,000		Sireet Addres	s (P.O. B	lox Number is Not Acceptable)			
	MI FL 33		•								
1		•			}						Ì
						City			FL	Zip Code	
8. The above	named entity	submits this state	ment for the purp	ose of changing its	registere	ed office or regis	tered ag	ent, or both, in the State of Florid	a. Iam fa	miliar with, a	and accept
the obligat	ions of regis	ered agent.									. 1
SIGNATURE .											
SIGNATORE.	Signature, typed	or printed name of register	red agent and title il app	plicable. (NOT	E: Registers	d Agent signaturs requ	red when re	enstaring)	DATE		-
********* *	II E NOW!	!! FEE IS \$150.	00)				_	<u> </u>			
		04 Fee will be \$5						9. Election Campaign Finan		\$5.0	D May Be
		o Florida Departr		'				Trust Fund Contribution.		Added	to Fees
10.	THE THE PARTY OF T	OFFICER	IS AND DIRECTO	JRS	11.		AD	I DITIONS/CHANGES TO OFFICE	RS AND D	DIRECTORS	IN 11
TILE	Р			☐ Detete	7171	F T				Charge	Addition
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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 articless, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR