


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000110273 1. Entity Name ROMEPORT USA INC.						04040030	
Principal Place of Business 8211 W BROWARD BLVD SUITE 340 PLANTATION, FL 33324				Mailing Address 8211 W BROWARD BLVD SUITE 340 PLANTATION, FL 33324			
2. Principal Place of Business Suite, Apt #, etc City & State Zip				3. Mailing Address Suite, Apt #, etc City & State Zip			
Country				Country			
6. Name and Address of Current Registered Agent BERKOVITS, JOE S. BERKOVITS LAGO & COMPANY LLP 8211 W BROWARD BLVD SUITE 340 PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
State				Zip Code			
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 reinstalling)							
Signature, typed or printed name of registered agent and title if applicable							
DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 SUTTON, RHONA 8211 W BROWARD BLVD SUITE 340 PLANTATION, FL 33324			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Rhona Sutton</i>				Date: <i>15/4/04</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <i>+442074831010</i>			