

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

7/27/2005-90048-032-\$164.00-\$164.00

DOCUMENT # P04000037601

1. Entity Name

ROMEO'S ON THE ROAD AUTO-MECHANICS, INC.



Principal Place of Business

878 NW 113 ST
MIAMI FL 33168

Mailing Address

PO BOX 13-3838
MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEDINA, ROBERTO J
878 NW 113 ST
MIAMI FL 33168

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

[Signature]
Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MEDINA, ROBERTO J
STREET ADDRESS 878 NW 113 ST
CITY- ST- ZIP MIAMI FL 33168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE V ☒ Delete
NAME MEDINA, JUAN
STREET ADDRESS 878 NW 113 ST
CITY- ST- ZIP MIAMI FL 33168

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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CITY- ST- ZIP

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/21/05

Date

305-305-1820

Daytime Phone

CR Williams AUG 31 2005

ATTACHMENT

50057968
P04000037601

Miami Florida July 21, 2005

FLORIDA DEPARTMENT OF STATE,

DEAR SIRs:

THIS LETTER IS WITH THE PURPOSE OF MY REQUEST FOR FORGIVENESS. I DID NOT KNOW THE DATE I WAS SUPPOSE TO PAY FOR MY CORPORATION FEE.

AS OF TODAY MY CORPORATION IS NOT WORKING YET, REASON WHY IT IS NOT WORKING YET, IS BECAUSE I HAVE BEEN SICK SUFFERING FROM PROSTATE CANCER TREAT. I AM GETTING BETTER AND I AM PLANNING TO START WORKING WITH IT BY JANUARY FIRST 2006.

COULD YOU PLEASE HELP ME OUT.

SINCERELY,

ROBERTO J. MEDINA.