2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2006 8:00 am **Secretary of State** DOCUMENT # P04000049660 02-09-2006 90024 001 ***150.00 REBECA ROMERO INC. Principal Place of Business Mailing Address 5791 OLD SUMMERWOOD BLVD 5791 OLD SUMMERWOOD BLVD SARASOTA FL 34232 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 36-4550666 Not Applicable Zio Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROMERO, REBECA Street Address (P.O. Box Number is Not Acceptable) 2311 STRATFORD DR SARASOTA FL 34232 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Romero, Rebeca ROMERO, REBECA NAME NAME 5991 012 summerwood Blue STREET ADDRESS STREET ADDRESS. 2311 STRATFORD DR Sorasota PL 34232 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 TITLE ☐ Delete Perdomo, Franklin TITLE ■ Addition MAME PERDOMO, FRANKLIN NAME 5791 old Simmerwood Blue STREET ADDRESS 2311 STRATFORD DR STREET ADDRESS Sorasota FL 34232 CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP TITLE ☐ Detete Change ☐ Addition NAME CAMACHO, DANIEL NAME STREET ADDRESS STREET ADDRESS 1895 ALMERIA WAY SOUTH CITY-ST-ZIP ST. PETERSBURG FL 33712 CITY-ST-ZIP ☐ Defete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME MANAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

FILED

Rebeca Romero president 01-30-06