## - 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P04000069755

1. Entity Name

RON & KAREN ROMEO, P.A.



FILED
May 11, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

22701 BELLA RITA CIRCLE BOCA RATON, FL 33433 22701 BELLA RITA CIRCLE BOCA RATON, FL 33433



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05042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 22-3901237

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMEO, RONALD 22701 BELLA RITA CIRCLE BOCA RATON, FL 33433

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Ö.	. The above named entity submits this statement for the purpose of changing its registered office of registered agent, of both, in the State of Florida.	if am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE.

TITLE
NAME
STREET ADDRESS

CITY-S1-ZIP

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

STREET ADDRESS CITY-ST-ZIP Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ROMEO, KAREN

STREET ADDRESS
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
OFFICERS AND DIRECTORS

U00000763177 05/29/07-80046-002 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OS OR UT

561-789.8210