2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000145542

1. Entity Name
ROMERO RODRIGUEZ JR. INC.

Principal Place of Business	Mailing Address
318 9TH STREET	318 9TH STREET
IMMOKALEE, FL 34142 US	IMMOKALEE, FL 34142 US

01302007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1237047	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLEMAN, ROBERT JR
1400 A 15TH STREET N
IMMOKALEE, FL 34142

DO NOT WRITE IN THIS SPACE

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, 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 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000653756 03/13/07-S0033-012 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, ROMERO
STREET ADDRESS	318 9TH STREET
CITY-ST-ZIP	IMMOKALEE, FL 34142

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____   2-26-07   239-657-5159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #