


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90145 035 \*\*\*150.00

<b>DOCUMENT # P04000159519</b>	
1. Entity Name <b>ROMAN PALACE BALLROOM, INC.</b>	

Principal Place of Business <b>4054 WEST 12TH AVENUE HIALEAH, FL 33012</b>	Mailing Address <b>4054 WEST 12TH AVENUE HIALEAH, FL 33012</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 22651</b> Suite, Apt. #, etc.
City & State	City & State <b>Hialeah FL</b>
Zip	Country <b>U.S.</b>



07252005 Chg-P CR2E034 (10/03)

4. FEI Number <b>57-1214816</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CABRERA, ERNESTO 4054 WEST 12TH AVENUE HIALEAH, FL 33012</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 X (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CABRERA, ERNESTO 4054 WEST 12TH AVENUE HIALEAH, FL 33012</b> <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	<b>SEC. CABRERA, VIVIAN O 4054 WEST 12TH AVENUE HIALEAH, FL 33012</b> <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
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 information provided.

SIGNATURE: X **ERNESTO CABRERA** **8-23-05** **305-558-9869**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #