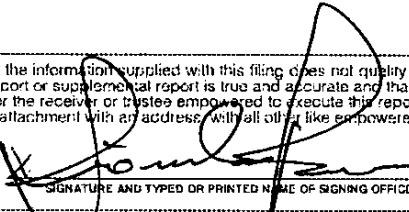


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90228 040 ***150.00

DOCUMENT # P05000011308 1. Entity Name ROMANO BROS TRUCKING, INC.					
Principal Place of Business 720 N.E. 25TH AVENUE UNIT 8 CAPE CORAL, FL 33909			Mailing Address 720 N.E. 25TH AVENUE UNIT 8 CAPE CORAL, FL 33909		
2. Principal Place of Business 4250 Palm Beach Blvd Suite, Apt. #, etc.			3. Mailing Address 4250 Palm Beach Blvd Suite, Apt. #, etc.		
City & State FORT MYERS, FL Zip FL 33905 Country Lee		City & State FORT MYERS, FL Zip 33905 Country USA		4. FEI Number 20-2199227	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				02242006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent ROMANO, GIANCARLO SR 2901 NE 6TH AVENUE CAPE CORAL, FL 33909				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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 NAME STREET ADDRESS CITY - ST - ZIP	P ROMANO, GIANCARLO SR. 2901 NE 6TH AVENUE CAPE CORAL, FL 33909	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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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					
Date 3/6/06 Daytime Phone # 232-210-1791					

50003228

