

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-16-2006 90237 043 *****8.75

04-03-2006 90395 004 ***150.00

DOCUMENT # P05000012507

1. Entity Name
ROMERO RESIDENTIAL & COMMERCIAL REMODELING, INC.



Principal Place of Business
**390 RACQUET CLUB ROAD
APT 105
WESTON, FL 33326**

Mailing Address
**390 RACQUET CLUB ROAD
APT 105
WESTON, FL 33326**

50007824



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-2237767

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROMERO, FREDDY A
390 RACQUET CLUB RD
APT 105
WESTON, FL 33326**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ROMERO, FREDDY A**
STREET ADDRESS **390 RACQUET CLUB ROAD, APT 105**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **V** ☐ Delete
NAME **GOMEZ, MARTHA E**
STREET ADDRESS **390 RACQUET CLUB ROAD, APT 105**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/22/06

Daytime Phone #



ATTACHMENT

50007824

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

ROMERO RESIDENTIAL & COMMERCIAL REMODELING, INC.
390 RACQUET CLUB ROAD
APT 105
WESTON, FL 33326

Subject: **ROMERO RESIDENTIAL & COMMERCIAL REMODELING, INC.**

Reference Number: **P05000012507**

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION

Envo check waiving \$8.75 March 14/06.

ATTACHMENT

March 28, 2006

50007824

Division of Corporations
P.O.Box 1500
Tallahassee Fl. 32302-1500

Subject: Letter sent to ROMERO RESIDENTIAL & COMERCIAL REMODELING INC

Reference Number: P05000012507

With this I request excuses to have sent the check corresponding to the payment mistakenly in reference, since the accountant that takes our accounting gives us the marked envelope and she told us that alone we should send a single check that she sends enclosed copy to name of Internal Revenue Service Center..

Again sends it checks to name of the Division of Corporations #1305 for value of \$150.00.

I thank kindly to you they take the above-mentioned note to solve the error for our part.

Thanks a lot,



FREDDY ROMERO



ATTACHMENT

50007824
#P05000012507

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2006

ROMERO RESIDENTIAL & COMMERCIAL REMODELING, INC.
390 RACQUET CLUB ROAD
APT 105
WESTON, FL 33326

Subject: ROMERO RESIDENTIAL & COMMERCIAL REMODELING, INC.

Reference Number: P05000012507

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$8.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$141.25.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE
ANNUAL REPORTS SECTION

Doña Luz M.


Please queremos saber que
esto nuevamente en desa-
cuerdo con lo enviado.
Yo ya tengo mas de 1 week
que envie los \$8.75. please call me.

P.O. BOX 6327 - Tallahassee, Florida 32314 Thanks a lot.

Maria Luz M.

ATTACHMENT

50007824
#P05000012507

ROMERO RESIDENTIAL & COMMERCIAL REMODELING INC 555 Racquet Club Rd Apt 25 Weston, FL 33326		1251
<u>02-22-06</u> DATE		63-643/670 BRANCH 09071
PAY TO THE ORDER OF <u>Internal Revenue Service Center</u> \$ <u>150⁰⁰</u>		
<u>One hundred Fifty Dollars</u> 00/100		
 WACHOVIA Wachovia Bank, N.A. wachovia.com		
FOR <u>2005 Foera 1120</u>		<u>Martinez Romero</u> MP
⑆067006432⑆2000025722329⑆1251		

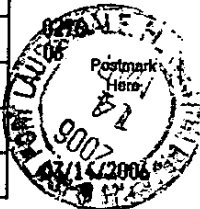
7005 1820 0006 0640 9372

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

TALLAHASSEE FL 32302	
Postage	\$ 4.05
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 8.44



Sent To
DIVISION OF CORPORATION
Street, Apt. No.
or PO Box No. **P. O. Box 1500**
City, State, ZIP+4[®]
Tallahassee FL 32302-1500
PS Form 3800, June 2002 See Reverse for Instructions

ATTACHMENT

50007824
#P05000012507

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Internal Revenue
Service Center
Ogden, Ut, 84201-0012.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below:

RECEIVED
MAR 14 2006
OGDEN, UT

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7005 3110 0003 3103

SENDER, COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Division of Corporation
P.O. Box 1500
Tallahassee FL
32302-1500

2. Article Number

(Transfer from service label)

PS Form 3811, February 2

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1?

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ COD

4. Restricted Delivery? (Enter Fee)

☐ Yes

7005 3110 0003 3182 4451

Domestic Return Receipt

7005-02-00-10-00

ATTACHMENT

570007824
PD5000012507

1544 201E E000 01TE 5002

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 62.37
Certified Fee	\$2.40
Return Receipt Fee (Endorsed Envelope)	\$1.25
Restricted Delivery Fee (Endorsed Envelope)	\$0.00
Total Postage & Fees	\$ 65.02

Division of Corporation
P.O. Box 1500
Tallahassee FL 32302-1500

PS Form 3811, June 2002 See Reverse for Instructions