2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P05000040515** 03-24-2008 90046 015 ***150.00 1. Entity Name **ROMAN FRAMING CORP** Principal Place of Business Mailing Address 3571 MONUMENT DR 919 MILLENBECK AVE DELTONA, FL 32738 DELTONA, FL 32725 3. Mailing Address 2722 TIMBER LAKE AVE 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 03042008 CR2E034 (12/06) Cha-P 4. FEI Number Applied For City & State FIDRIDA 20-2548306 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JIMENEZ, ROMAN 3571 MONUMENT DR DELTONA, FL 32738 City TONA 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE INENEZ, PONIAN NAME JIMENEZ, ROMAN ... NAME 2722 TIMBERLAKE AVE 3571 MONUMENT DR STREET ADDRESS STREET ADDRESS DETONA FLORIDA 32725 CITY-ST-ZIP DELTONA, FL 32738 CITY-ST-ZIP MEN TIMENEZ, HUMBERTO I HAZEICREST ST ☐ Addition TITLE ☐ Delete TITLE ROMAN JIMENEZ, HUMBERTO NAME NAME STREET ADDRESS 919 MILLENBECK AVE STREET ADDRESS DELTONIN, FLORIDA 32725 CITY - ST - ZIP DELTONA, FL 32725 CITY-ST-7IP ☐ Addition Delete TITLE TITLE ROMENT, HENEZ DIONISIO ROMAN JIMENEZ, DIONISIO NAME NAME 151 HAZEICREST ST 919 MILLEN BECK AVE STREET ADDRESS STREET ADDRESS DELTONA, FLORIDA 32725 CITY-ST-ZIP DELTONA, FL 32725 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 leport 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 trusted 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.

RINGED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 24, 2008 8:00 am