

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90175 024 \*\*\*150.00

**DOCUMENT # P05000140604**

1. Entity Name  
**ROMAJE CORPORATION**



Principal Place of Business  
2340 NW 189TH AVE.  
PEMBROKE PINES, FL 33029

Mailing Address  
2340 NW 189TH AVE.  
PEMBROKE PINES, FL 33029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3638312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUARDY, ROSARIO**  
2340 NW 189TH AVE.  
PEMBROKE PINES, FL 33029

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 PD ☐ Delete  
NAME SUARDY, ROSARIO  
STREET ADDRESS 2340 NW 189TH AVE.  
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE D ☐ Delete  
NAME POVONESSA, FRANCISCO  
STREET ADDRESS CALLE 27 O. APT. C-203  
CITY-ST-ZIP STO. DOMINGO, REP. DOMINICANA,

TITLE D ☐ Delete  
NAME CRUZ, SONIA E  
STREET ADDRESS 9615 NW 24TH ST., APT. 302  
CITY-ST-ZIP MIAMI, FL 33165

TITLE D ☐ Delete  
NAME ESPAILLAT, RAQUEL  
STREET ADDRESS CALLE HNAS. ROQUE MARTINEZ #116  
CITY-ST-ZIP STO. DOMINGO, REP. DOMINICANA,

TITLE D ☐ Delete  
NAME ESPAILLAT, LUIS  
STREET ADDRESS CALLE HNAS. ROQUE MARTINEZ #116  
CITY-ST-ZIP STO. DOMINGO, REP. DOMINICANA,

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:

*Rosario Suardy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06 (954)608-0940

Date

Daytime Phone #