2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000140604

Entity Name: ROMAJE CORPORATION

FILED Nov 27, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	189TH AVE. KE PINES, FL	33029			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	189TH AVE. KE PINES, FL	33029			
FEI Number	: 20-3638312	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
2340 NW	ROSARIO 189TH AVE. KE PINES, FL	33029 US			
	e named entity e of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE: ROSARI	O SUARDY			
		nic Signature of Registered Age	ent	 Date	
		93(2)(b), F.S., the corporation did no	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SUARDY, ROS 2340 NW 189		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	POVONESSA, CALLE 27 O. /		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CRUZ, SONIA	H ST., APT. 302	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ESPAILLAT, R CALLE HNAS.) Delete AQUEL ROQUE MARTINEZ #116 O,REP. DOMINICANA,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ESPAILLAT, È CALLE HNAS.) Delete UIS ROQUE MARTINEZ #116 :O,REP. DOMINICANA,	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSARIO SUARDY PRES 11/27/2007