2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90478 037 ***150.00

DOCUMENT # P06000051121 1. Entity Name ROMANSA CAFE, INC.					04-30-2007 90478 037 ***150.00				0.00
Principal Place of Business		Mailing Address			60045	css			
851 E. STATE ROAD 434		851 E. STATE ROAD 434				00049	000		
116 LONGWOOD, FL 32750 US		116 Longwood, FL 32750 US				•	•		
2. Principal Place of Business - No PO. £o ¢ #		3. Mailing Address			LENE ENN LEN BONK DI		881 1015 1882 18		
Suite, Apt, #, etc.		Suite, Apt. #, etc.			03292007	Chg-P	CR2E	34 (12/06)	
City & State		City & State			4. FEI Numbe	3776	If U		plied For t Applicable
Zip	Country Zip Co		Country	y	5. Certificate	of Status Desired	<u>/67</u> □	\$8.75 Add	itional
	6 Name and Address of Current	Registered Agent	L		<u> </u>			Fee Require	i
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
TODOROVIC, NENAD 1717 VIBURNUM LN.				Street Address (P.O. Box Number is Not Acceptable)					
	PARK, FL 32792			Street Address (F.O. box Number is Not Acceptable)					
				City			FL	Zip Code	Э
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_	Signature, typed or printed name of registered agent	Agent signature required	when reinstating)		DATE				
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	ign Financ ribution.		.00 May Be ed to Fees	•				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	FICERS AND	DIRECTORS	S IN 11
TITLE	P	Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	TODOROVIC, NENAD 1717 VIBURNUM LN.		NAME	*DD0500					
CITY-ST-ZIP	WINTER PARK, FL. 32792		CHY S	ADDRESS T-ZIP					
TITLE	VP	☐ Delete	THILE					☐ Change	Addition
NAME STREET ADDRESS	TODOROVIC, DRAGANA		NAME						
CITY-ST-ZIP	1717 VIBURNUM LN. WINTER PARK, FL 32792		CITY-S	ADDRESS IT ZIP					
TITLE	·	☐ Delete	TITLE		,			☐ Change	Addition
NAME			NAME						_
STREET ADDRESS CITY-ST-ZIP			STREET CITY S	ADDRESS					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAMÉ		_ 2000	NAME					snange	<u></u>
STREET ADDRESS			10	ADDRESS					
TITLE		☐ Delete	CITY S	11-111				☐ Change	Addition
NAME		L_ Delete	NAME					онанус	Addition
STREET ADDRESS			11	ADDRESS					
CITY-S1-ZIP			CITY-S	ST ZIP					<u></u>
TITLE NAME		☐ Delete	NAME					☐ Change	Addition
STREET ADDRESS			11	ADDRESS					
CITY-ST-ZIP			CITY-S	i - 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 exegute 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 attachryeni) with an address, with all other like empowered.

SIGNATURE: