

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059911

FILED
Apr 23, 2008
Secretary of State

Entity Name: ROMANI PROFESIONAL SERVICES CORP

Current Principal Place of Business:

1081 ALLAMANDA WAY
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1081 ALLAMANDA WAY
WESTON, FL 33327

New Mailing Address:

FEI Number: 20-4775257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMANI, CLAUDIA
1825 COLONIAL WOODS BLVD
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

ROMANI, CLAUDIA
1081 ALLAMANDA WAY
WESTON, FL 33327 US

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.

SIGNATURE:

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROMANI, CLAUDIA
Address: 1081 ALLAMANDA WAY
City-St-Zip: WESTON, FL 33327

Title: VP () Delete
Name: GIL, CARLOS
Address: 1825 COLONIAL WOODS BLVD
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GIL, CARLOS
Address: 1081 ALLAMANDA WAY
City-St-Zip: WESTON, FL 33327

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: CLAUDIA ROMANI

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date