, 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 08:00 AM Secretary of State

| 1. Entity Nan ROMACO | | | | | | | |
|--|--|---|--|---|-----------------------------|---------------------|--|
| 850 AIA BEA APT. 26 | ce of Business ACH BLVD. NE, FL 32080 | Mailing Address 850 AIA BEACH BLVD. APT. 26 ST AUGUSTINE, FL 32080 | - | | | | |
| <u> </u> | OO NOT WRITE | CE | 02052004 No Ch 4. FEI Number 59-3163041 5. Certificate of Status D | ng-P CR2E034 (* | | | |
| CONNER, ROBIN H 7 OLD MISSION AVE ST. AUGUSTINE, FL 32084 | | | | DO NOT WRITE IN THIS SPACE | | | |
| | named entity submits this statement for litings of registered agent. Signature, typed or printed name of registered agent an | | · | ed agent, or both, in the St | ate of Florida. I am famili | ar with, and accept | |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 | 9. Election Campaign Finar | noing | 00 May Be | 00000115836 | | |
| TO. NITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME TITLE NAME | OFFICERS AND D COHEN, MARTIN F 850 A1A BEACH BLVD #26 ST AUGUSTINE, FL 32080 | | The state of the s | DO NOT | F WRITE | - LJJ-09 | |
| of the cor changed, | certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address. With | ered to execute this report as required in all other like empowered. | | tion 119.07(3)(i), Florida S ume legal effect as if made Florida Statutes; and that | e under oath; that I am an | officer or director | |
| SIGNATURE: MARTIN F COHEN 1/15 9/14/84 904-471-889 | | | | | | | |