

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CONFIDENTIAL
ANNUAL REPORT
1995**



+ REGISTRATION NUMBER OF STATE
SCHOOL NUMBER
REGISTRATION OF STATE
NUMBER OF STATE

APPROVED
AND
FILED

SHERRY - 1 AM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000008070 (3)

DATA SHEET

ROMAR ENTERPRISES, INC.

Printed Name of Recipient	Mark A. Dreyer
9951 SW 154 AVE MIAMI FL 33196 US	9951 SW 154 AVE MIAMI FL 33196 US
2. Present Day Address	2a. Mailing Address
21	26
5800-A Apt # 405 22	5800-A Apt # 405 26
23	27
24	28
25	29
26	30

REFERENCES

3. Date Received/Released to Canada	3a. Date of Last Report
02/02/1993	03/15/1994

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

B. The last Campaign I donated to **\$5.00 May Be Added to Fees**

10. Name and Address of New Registered Agent

Digitized by srujanika@gmail.com

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARDEY, ROBERTO
9951 SW 154 AVE
MIAMI FL 33196**

1370 Due Number is Not Acceptable

11. Pursuant to the provisions of Section 303A of the Sarbanes-Oxley Act of 2002, the Board of Directors of the Company, consisting of the members of the Audit Committee of the Board of Directors, hereby approves the appointment of KPMG LLP as the independent auditor of the Company for the fiscal year ending December 31, 2010.

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12.		Change	Add
	NAME	NAME	NAME
PD	PARDEY, ROBERTO [REDACTED] [REDACTED]	1. NAME 2. STREET ADDRESS 3. CITY STATE ZIP	9951 SW 154 AVENUE MIAMI, FL 33196
SD	PARDEY, ROSARIO [REDACTED] [REDACTED]	1. NAME 2. STREET ADDRESS 3. CITY STATE ZIP	9951 SW 154 AVENUE MIAMI, FL 33196
PD		1. NAME 2. STREET ADDRESS 3. CITY STATE ZIP	
SD		1. NAME 2. STREET ADDRESS 3. CITY STATE ZIP	
PD		1. NAME 2. STREET ADDRESS 3. CITY STATE ZIP	
SD		1. NAME 2. STREET ADDRESS 3. CITY STATE ZIP	

14. The Board, certify that the information supplied with this brief is substantially furnished and does not conflict with the information stated in Section 119(e) of the Truth Statute. I further certify that the information indicated on this affidavit is true, supplemental report is true and accurate and that my signature shall have the same legal effect as a handwritten signature, that I am a member or employee of the organization or corporation or other organization to complete this report as required by Chapter 119 of the Truth Statute and that no name additional to the name of the organization or corporation is associated with me above.

SIGNATURE:

BIG BROTHER AND SISTER ON PARENT PAGE OF UNIFORM OFFICIAL ON BUREAU

