2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000054994

1. Entity Name
ANROMI, INC.

Principal Place of Business	Mailing Address
7835 BYRON AVE. MIAMI BCH, FL 33141 US	845 82ND ST. MIAMI BCH, FL 33141 US

DO NOT WRITE IN THIS SPACE

01242006 No Chg P CR2E034 (11/05)

4. FEI Number
65-0604328
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, ANGEL G
845 82ND ST.
MIAMI BCH, FL 33141

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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: Angel G. Martinez — ANGEL G. MARTINEZ — JAN 31/06
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTINEZ, ANGEL G
STREET ADDRESS	845 82ND ST.
CITY-ST-ZIP	MIAMI BCH, FL 33141
TITLE	VP
NAME	MARTINEZ, MICHELLE E.
STREET ADDRESS	845 82ND ST.
CITY-ST-ZIP	MIAMI BCH, FL 33141
TITLE	S
NAME	MARTINEZ, ROSA B
STREET ADDRESS	845 82ND ST
CITY-ST-ZIP	MIAMI BCH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/06-80038-003 150.00

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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 execute 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 attachment with an address, with all other like empowered.

SIGNATURE: Rosa B. Martinez — ROSA B. MARTINEZ — JAN 31/06 — 305-343-0979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #