2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000032567

1. Entity Name

ROMAINE INVESTMENTS CORP.



03-19-2004 90046 003 ***150.00

U3V---

Mar 19, 2004 8:00 am Secretary of State

FILED

MAID PERFECT P. O. Box 3488 Tequesta, FL 33469 (561) 744-6622

MAID PERFECT P. O. Box 3488 Tequesta, FL 33469 (561) 744-6622

)		
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE CR2EO	34 (11/03)	
City & State		City & State			4. F	El Number 65-0744412	ļ 	oplied For of Applicable
Zip	Country	Zip	Count	īy	5. (Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Currer	nt Registered Agent			7. N	lame and Address of New Registers	d Agent	
KARAMEROS, ALICE F D				Name Street Address (P.O. Box Number is Not Acceptable)				
JUF	I XANADÚ PL PITER FL 33477							
				City	· · · · · · · · · · · · · · · · · · ·	F	Zip Code	e
8. The above	e named entity submits this statement	for the purpose of changir	ng its registere	d office or reg	istered ag	ent, or both, in the State of Florida. I a	m familiar with,	and accept
the obliga	itions of registered agent.							
SIGNATURE								
Oldiwitionic	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE, Registered	Agent signature re	quired when re	pinstating) DAT	Ε .	
	ILE NOW!!! FEE IS \$150.00	No. of the second						
After May 1, 2004 Fee will be \$550.00						Election Campaign Financing Trust Fund Contribution	\$5.0	May Be
Make Chec	k Payable to Florida Department	of State				Trast Forte Contribution.	- 103	1-10-1-EES
10.	OFFICERS AN	D DIRECTORS	11.		. AD	DITIONS/CHANGES TO OFFICERS	ND DIRECTOR	S IN 11
TITLE	D	☐ Delete	TITLE		-		Change	☐ Addition
NAMF_	KARAMEROS, ALICE F		NAME					
STREET ADDRESS	203 XANADU PLACE			ET ADDRESS				
CITY:ST-ZIP	JUPITER FL 33477		CITY-	-ST-ZIP				
TITLE**	D	☐ Delete	TITLE	ţ			Change	☐ Addition
NAME	KARAMEROS, GEORGE		NAME	l l				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	JUPITER FL 33477			-ST-ZIP				
TITLE	D STANFOOD ELECTEDIS	☐ Delete	TITLE	1			☐ Change	☐ Addition
NAME STREET ADDRESS	KARAMEROS, ELEFTERI S 203 XANADU PLACE		NAMI • STRE	ET ADDRESS				
CITY-ST-ZIP	JUPITER FL 33477			-ST-ZiP				
TITLE	D	□ Delete	TITLE				☐ Change	Addition
NAME	KARAMEROS, SOCRATES	L beiele	NAM				onungs	
STREET ADDRESS	203 XANADU PLACE		STRE	ET ADDRESS				
CITY-ST-ZIP	JUPITER FL 33477		CITY	-ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAMI	E				
STREET ADDRESS				et address				
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Defete	TITLE			, which describes the second	☐ Change	Addition
NAME			NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP)		CITY-	-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

TRESIDEN' SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5617446622