

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90221 026 ***150.00

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1. Entity Name

ROMAINE INVESTMENTS CORP.



Principal Place of Business

P.O. BOX 3488
TEQUESTA, FL 33469 US

Mailing Address

P.O. BOX 3488
TEQUESTA, FL 33469 US

DO NOT WRITE IN THIS SPACE



03052005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0744412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARAMEROS, ALICE F D
203 XANADU PL
JUPITER, FL 33477

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IN THIS SPACE**

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 _____

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KARAMEROS, ALICE F
STREET ADDRESS 203 XANADU PLACE
CITY-ST-ZIP JUPITER, FL 33477

TITLE D
NAME KARAMEROS, GEORGE
STREET ADDRESS 203 XANADU PLACE
CITY-ST-ZIP JUPITER, FL 33477

TITLE D
NAME KARAMEROS, ELEFTERI S
STREET ADDRESS 203 XANADU PLACE
CITY-ST-ZIP JUPITER, FL 33477

TITLE D
NAME KARAMEROS, SOCRATES
STREET ADDRESS 203 XANADU PLACE
CITY-ST-ZIP JUPITER, FL 33477

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELEFTERI KARAMEROS

04/30/05

Date

Daytime Phone #

561-667-1771