

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90212 008 ***150.00

DOCUMENT # P97000105106	
1. Entity Name	
Rom Ros Inc	

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40064219

2. Principal Place of Business 784 Minarva Lane		3. Mailing Address 784 Minarva Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Mary, FL		City & State Lake Mary, FL	
Zip 32746	Country	Zip 32746	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3582606		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name JABBARI, MEHRAN M ISMAIL, AZAR		
	Street Address (P.O. Box Number is Not Acceptable) 107 N LONGWOOD AVE 784, Minerva Ln		
City ALTAMONTE SPRINGS Lake Mary FL		Zip Code 32746	

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AZAR, ISMAIL R 784 MINERVA LANE LAKE MARY FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZAR, SHAHNAZ MRS. 784 MINERVA LANE LAKE MARY FL 32746
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 ISMAIL R. AZAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06
Date

407-3221457
Daytime Phone #