2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9800009818 1. Entity Name ROMISA INTERNATIONAL CORP.						FILED Feb 24, 2003 8:00 am		
						Secretary of State 02-24-2003 90242 028 ***150.00		
Principal Place of 12973 SW 112 S 179 MIAMI FL 33186 2. Principal Place	ST		Mailing Address 12973 SW 112 ST 179 MIAMI FL 33186					
7367 SW 24 ST. Suite, Apt. #, etc. 2/0 JOE ALAMO			7367 Sw 24 st. Suite, Apt. #, etc. C/O JOE ALAMO		☐ CHECK HERE IF MAKING CHANGES			
City & State		FL	City & State MIAMI	FL		4. FEI Number 65-0813826	Applied For Not Applicable	
^{Zip} 3315:		Country	^{Zip} 33 <i>155</i>	Count	ry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name a	and Address of Current R	legistered Agent			7. Name and Address of New Registered	i Agent	
ROMAN, ALE	ΕV	ಕ್ರಕ್ಷಕ್ಷಕ್ಷ್ ಕ ಕಿ	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	.	Name ,	سيخا المراز المر	٠	
13348 SW 14			Street Address ((P.O. Box Number is Not Acceptable)				
MIAMI FL 33				-	 			
MIAMI FL 33	180	* 25 - 62. *****						
		**************************************			City	F	Zip Code	
8. The above nathe obligations	med entity s s of register	submits this statement for red agent.	the purpose of changing its	s registered	d office or register	red agent, or both, in the State of Florida. I am		
SIGNATURE		printed name of registered agent an	nd title if applicable. (NO	TE: Registered	Agent signature required	when reinstating) DATE		
FILE	- NOWIII	FEE IS \$150.00				32		
After M	lay 1, 2003	Fee will be \$550.00 Florida Department of 9	State			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	wi t	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	
TITLE PC		£ *	☐ Delete	TITLE		ADDITIONAL OF INCIDENCE AND	☐ Change ☐ Addition	
NAME RO	oman, ali	EX		NAME	i			
STREET ADDRESS 13348 ŚW 144 TER.					T ADDRESS			
		186		CITY-S	iT-ZIP			
TITLE ST	i Oman, ali	EV	Delete	TITLE			☐ Change ☐ Addition	
STREET ADDRESS 13	SMAIN, ALC 348 SW 1	:A 44 TFR		NAME STREET	ADDRESS			
	IAMI FL 33			CITY-S	l l			
TITLE			☐ Delete	TITLE			Change C Addition	
NAME				NAME			☐ Change ☐ Addition	
STREET ADDRESS		مندسين پروهماند د پادار	- · · · · · · .	· - STREET	ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP			
TITLE			☐ Delete	TITLE			Change Addition	
NAME STREET ADDRESS				NAME				
CITY-ST-ZIP					ADDRESS			
TITLE		- 12		CITY-ST	1-214			
NAME			☐ Delete	TITLE NAME			☐ Change ☐ Addition	
STREET ADDRESS					ADDRESS			

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

SHOW THE PROPERTY OF THE PROPE SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TZOMAN

02/19/2003

Daytime Phone #

Change

☐ Addition