

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90016 020 ***158.75

DOCUMENT # P98000021622

1. Entity Name
ROMO 3000 INVESTMENTS, INC.



Principal Place of Business
104 CRANDON BLVD.
406
KEY BISCAINE, FL 33149

Mailing Address
104 CRANDON BLVD.
406
KEY BISCAINE, FL 33149

44017931



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0881117

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, WESLEY M ESQ
501 BRICKELL KEY DRIVE SUITE 504
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, OCTAVIO J**
STREET ADDRESS **101 CRANDON BLVD. #478**
CITY-ST-ZIP **KEY BISCAINE, FL 33149**

TITLE **D** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **201 CRANDON BLVD. #240**
CITY-ST-ZIP **KEY BISCAINE, FL 33149**

TITLE **D** ☐ Delete
NAME **DE RODRIGUEZ, YOLANDA MORENO**
STREET ADDRESS **101 CRANDON BLVD. #478**
CITY-ST-ZIP **KEY BISCAINE, FL 33149**

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **201 CRANDON BLVD #240**
CITY-ST-ZIP **KEY BISCAINE, FL 33149**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

OCTAVIO J. RODRIGUEZ

3/10/04

305-385-5414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #