


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90027 013 \*\*\*150.00

<b>DOCUMENT # P98000043208</b> 1. Entity Name ROMO USA, INC.	
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Principal Place of Business C/O BERABAL TREUHAND AG CELLERTSTR 18, P.O. BOX 129 H-4020 BASEL, H-402	Mailing Address LEWIS BIRCH & RICARDO PA, ATTN: D. BIRCH 1401 COURT STREET CLEARWATER, FL 33756 US
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**DO NOT WRITE IN THIS SPACE**

40010003



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0192181	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEDER, RUDOLPH GELLERTSTRASSE 18 BASEL, SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEIER, RUDOLPH GELLERTSTRASSE 18 BASEL, SWITZERLAND,
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Rudolf Peier**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_