

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000060008

1. Entity Name
ROMWALD, INC.



Principal Place of Business
848 BRICKELL AVENUE
SUITE 830
MIAMI FL 33131

Mailing Address
848 BRICKELL AVENUE
SUITE 830
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MARTIN, MIGUEL A ESQ.
848 BRICKELL AVENUE
SUITE 830
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

RENEE ADWAR, ESQ.

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

RENEE ADWAR, P.A.

848 BRICKELL AVENUE, SUITE 830

City

MIAMI

FL

Zip Code

33131

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

4/4/06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MARTINEZ, JOSE MANUEL
177 OCEAN LANE DRIVE UNIT 413
KEY BISCAYNE FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
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CITY- ST- ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
600075094376
05/23/06--01030--007 **200.00

TITLE
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CITY- ST- ZIP
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☐ Change ☐ Addition
B 5/22/04

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose M. Martinez

4/24/06

Date

(305) 514-4488

Daytime Phone #