


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000060008</b>	
1. Entity Name <b>ROMWALD, INC.</b>	

Principal Place of Business <b>848 BRICKELL AVENUE SUITE 830 MIAMI, FL 33131</b>	Mailing Address <b>848 BRICKELL AVENUE SUITE 830 MIAMI, FL 33131</b>
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0857763</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ADWAR, RENEE A ESQ.  
RENEE ADWAR PA  
848 BRICKELL AVENUE, STE 830  
MIAMI, FL 33131**

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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 \_\_\_\_\_

<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</b> May Be Added to Fees	<b>000000870890</b> <b>04/09/08-80110-006 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARTINEZ, JOSE MANUEL 177 OCEAN LANE DRIVE UNIT 413 KEY BISCAVNE, FL 33149</b>
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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:**  **3/24/08 305 374 4402**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #