

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90653 018 ***150.00

DOCUMENT # P98000066493

1. Entity Name
ROGENIA TRADING, INC.



Principal Place of Business
**8107 S.W. 72ND AVENUE
MIAMI, FL 33143**

Mailing Address
**9419 FONTAINE BLEAU
104
MIAMI, FL 33172**

94080533



2. Principal Place of Business

3. Mailing Address

P.O. Box 652937

Suite, Apt., etc.

Suite, Apt., etc.

MIAMI FL 33265-2937

City & State

City & State

33265-2937

Zip

Country

Zip

Country

DADE

04262004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0878220

Applied For
Not Applicable

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

**ROMERO, ROBERTO
8107 S.W. 72ND AVENUE
MIAMI, FL 33143**

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 **PD** ☐ Delete
NAME **ROMERO, ROBERTO**
STREET ADDRESS **8107 S.W. 72ND AVENUE**
CITY-ST-ZIP **MIAMI, FL 33143**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **ROBERTO ROMERO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

Daytime Phone #