


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90296 032 \*\*\*150.00

<b>DOCUMENT # P98000066493</b>		
1. Entity Name <b>ROGENIA TRADING, INC.</b>		

Principal Place of Business <b>8107 S.W. 72ND AVENUE #206 E</b> <b>MIAMI, FL 33143</b>	Mailing Address <b>P.O. BOX 652937</b> <b>MIAMI, FL 33265-2967</b>
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>APT 206-E</b>		Suite, Apt. #, etc. <b>APT 206-E</b>	
City & State		City & State	
<b>MIAMI, FL</b>		<b>MIAMI, FL</b>	
Zip	Country	Zip	Country
<b>33143</b>	<b>USA</b>	<b>33143</b>	<b>USA</b>



04272006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0878220</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		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 <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMERO, ROBERTO 8107 S.W. 72ND AVENUE MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **5-27-06** **305-661578**

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

MIRIAM DE TORO, R.A.  
Certified Public Accountant  
231 Altara Avenue  
Coral Gables, FL 33146  
Telephone 305/448-1648 Fax 305/448-3256

ATTACHMENT

40087843

998000066493

Date:

**INSTRUCTION SHEET**  
U.S. PROFIT UNIFORM BUSINESS REPORT

**Form**  
**UBR**

Client:

Year:

**General:**

Retain the attached Taxpayer's Copy after noting on it the signature and mailing date of the enclosed original tax return.

**Signature:**

The original should be signed, title and dated by an officer of the corporation at the bottom of the page.

**Payment:**

The TAX DUE is payable to the DEPARTMENT OF STATE as follows:

\$ 150.00 by 5/1/06

**Due Date:**

Mail on or before 5/1/06

**Mail to:**

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 6198  
Tallahassee, FL 32314

**Note:**