

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 18, 2007 8:00 am
Secretary of State

05-30-2007 90004 008 ***150.00

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1. Entity Name
ROGENIA TRADING, INC.



Principal Place of Business
8107 S.W. 72ND AVENUE
APT 206 E
MIAMI, FL 33143

Mailing Address
8107 S.W. 72ND AVENUE
APT 206 E
MIAMI, FL 33143

66019350



DO NOT WRITE IN THIS SPACE

05252007 No Chg-P CR2E034 (11/05)

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

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

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$350.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-07 **305-6615785**
Date Daytime Phone #