


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90125 030 \*\*\*150.00

<b>DOCUMENT # P99000071290</b> 1. Entity Name <b>ROMA SHOES, CORP</b>																													
Principal Place of Business <b>205 11 STREET</b> <b>MIAMI BEACH, FL 33139</b>			Mailing Address <b>205 11 STREET</b> <b>MIAMI BEACH, FL 33139</b>																										
2. Principal Place of Business - No P.O. Box #  		3. Mailing Address  																											
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  																											
City & State  		City & State  		4. FEI Number <b>65-0939953</b>																									
Zip  		Country  		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>DE LA PAZ, MONICA</b> <b>1345 W AVENUE # 1004</b> <b>MIAMI BEACH, FL 33139</b>				7. Name and Address of New Registered Agent Name <b>De la Paz Monica</b> Street Address (P.O. Box Number is Not Acceptable)  <b>205 11 STREET</b> City <b>MIAMI BEACH FL</b> Zip Code <b>33139</b>																									
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">PD</td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DE LA PAZ, MONICA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1345 W AVENUE #1004</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH, FL 33139</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	DE LA PAZ, MONICA		STREET ADDRESS	1345 W AVENUE #1004		CITY-ST-ZIP	MIAMI BEACH, FL 33139		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">PD</td> <td style="width:15%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>De la Paz, Monica</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI BEACH, FL 33139</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH, FL 33139</td> <td></td> </tr> </table>			TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	De la Paz, Monica		STREET ADDRESS	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
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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: *[Signature]* 2/26/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40045145



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