

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # S62740

1. Entity Name
EDITIONS ROMANTIC LIMITED, INC.



Principal Place of Business

**P.O. BOX 810486
BOCA RATON, FL 33481**

Mailing Address

**P.O. BOX 810486
BOCA RATON, FL 33481**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0367389

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHLAKE, STEPHEN
10640 PEBBLE COVE LN
BOCA RATON, FL 33498**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000334551
04/27/05-80047-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PTDC
NAME	SCHLAKE, STEPHEN
STREET ADDRESS	10621 PEBBLE COVE LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	S
NAME	SCHLAKE, STEPHEN
STREET ADDRESS	10621 PEBBLE COVE LN
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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)(f), 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:

STEPHEN SCHLAKE

P/T/D/C/S

04/20/05

(561) 451-0876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #