

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 345426 1. Entity Name ROMA SERVICES, INC.	
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Principal Place of Business AIRPORT ROAD P.O. BOX 427 BELLE GLADE FL 33430-0427	Mailing Address AIRPORT ROAD P.O. BOX 427 BELLE GLADE FL 33430-0427
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	Country	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-1271068	Applied For <input type="checkbox"/> Not Applied
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DUBOIS, SILVIA R 105 AIRPORT ROAD BELLE GLADE FL 33430

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	RODRIGUEZ, FRANCISCO	NAME	
STREET ADDRESS	P.O. BOX 454, NA	STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	STD	TITLE	
NAME	DUBOIS, SILVIA R	NAME	
STREET ADDRESS	11633 WHITE MARSH DR.	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	VD	TITLE	
NAME	RODRIGUEZ, PABLO	NAME	
STREET ADDRESS	P.O. BOX 454, NA	STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	D	TITLE	
NAME	RODRIGUEZ, ROBERTO	NAME	
STREET ADDRESS	4560 SOUTH SHORE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	D	TITLE	
NAME	RODRIGUEZ, ADRIAN	NAME	
STREET ADDRESS	4560 SOUTH SHORE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	D	TITLE	
NAME	RODRIGUEZ, CARLOS	NAME	
STREET ADDRESS	4560 SOUTH SHORE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add

110000345420
03/22/06-80035-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Silvia R Dubois Silvia R Dubois 3-6-06 561.99651