2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State
02-13-2007 90009 016 ***150.00

DOCUMENT # 345426

1. Entity Name
ROMA SERVICES, INC.

Principal Place of Business	Mailing Address
AIRPORT ROAD P.O. BOX 427 BELLE GLADE FL 33430-0427	AIRPORT ROAD P.O. BOX 427 BELLE GLADE FL 33430-0427

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1271068 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUBOIS, SILVIA R 105 AIRPORT ROAD BELLE GLADE FL 33430	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 _____
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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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 RODRIQUEZ, FRANCISCO P.O. BOX 454,NA BELLE GLADE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	STD DUBOIS, SILVIA R 11633 WHITE MARSH DR. WELLINGTON FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD RODRIGUEZ, PABLO P.O. BOX 454,NA BELLE GLADE FL 33430 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D RODRIGUEZ, ROBERTO 4560 SOUTH SHORE WEST PALM BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	V/D Roberto Rodriguez ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D RODRIGUEZ, ADRIAN 4560 SOUTH SHORE WEST PALM BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	V/A Adrian Rodriguez ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D RODRIGUEZ, CARLOS 4560 SOUTH SHORE WEST PALM BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	V/D Carlos Rodriguez ☒ Change ☐ Addition

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 2.5.07 561-996-5108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #