

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 345426

FILED
Feb 07, 2012
Secretary of State

Entity Name: ROMA SERVICES, INC.

Current Principal Place of Business:

105 GATOR BLVD.
BELLE GLADE, FL 334300427

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 427
BELLE GLADE, FL 334300427

New Mailing Address:

FEI Number: 59-1271068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBOIS, SILVIA R
105 GATOR ROAD
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: RODRIGUEZ, FRANCISCO
Address: P.O. BOX 454
City-St-Zip: BELLE GLADE, FL 33430 US

Title: STD
Name: DUBOIS, SILVIA R
Address: 11633 WHITE MARSH DR.
City-St-Zip: WELLINGTON, FL 33414

Title: VPD
Name: RODRIGUEZ, PABLO
Address: P.O. BOX 454
City-St-Zip: BELLE GLADE, FL 33430

Title: VPD
Name: RODRIGUEZ, ROBERTO
Address: 4560 SOUTH SHORE
City-St-Zip: WEST PALM BEACH, FL 33414

Title: VPD
Name: RODRIGUEZ, ADRIAN
Address: 4560 SOUTH SHORE
City-St-Zip: WEST PALM BEACH, FL 33414

Title: VPD
Name: RODRIGUEZ, CARLOS
Address: 4560 SOUTH SHORE
City-St-Zip: WEST PALM BEACH, FL 33414

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SILVIA R DUBOIS

STD

02/07/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date