


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Sep 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000003193**  
 1. Entity Name  
**ROMA FRANCHISE CORPORATION**



Principal Place of Business 9304 FOREST LANE SUITE 200 DALLAS, TX 75243 US	Mailing Address 9304 FOREST LANE SUITE 200 DALLAS, TX 75243 US
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**DO NOT WRITE IN THIS SPACE**



08312005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2402837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SHORT, DAVID G 9304 FOREST LANE STE 200 DALLAS, TX 75243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEAD, DAVID 9304 FOREST LANE STE 200 DALLAS, TX 75243
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1100000378178  
 09/12/05-90001-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David G. Short **David G. Short** 9/16/05 (214) 343-7800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #