

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G34851

Entity Name: ROMA CASTING, INC.

FILED
May 05, 2009
Secretary of State

Current Principal Place of Business:

139 N.E. 1ST ST
ROOM 424
MIAMI, FL 33132 US

Current Mailing Address:

4011 W. FLAGLER ST
SUITE #403
MIAMI, FL 33134 US

FEI Number: 59-2308904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYES, LUIS
139 N.E. 1ST ST
ROOM 424
MIAMI, FL 33132 US

New Principal Place of Business:

14 NE 1ST AVE
306
MIAMI, FL 33132 US

New Mailing Address:

14 NE 1ST AVE
#306
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

REYES, LUIS
14 NE 1ST AVE
306
MIAMI, FL 33132 US

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:

05/05/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: REYES, LUIS
Address: 139 N.E. 1ST ST
City-St-Zip: MIAMI, FL 33132 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: REYES, LUIS
Address: 14 NE 1ST AVE # 306
City-St-Zip: MIAMI, FL 33132 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LUIS REYES

PST

05/05/2009

Electronic Signature of Signing Officer or Director

Date