

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 345426

Entity Name: ROMA SERVICES, INC.

FILED  
Feb 16, 2011  
Secretary of State

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

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

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

Title: VD  
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

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date