

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 345426

**Entity Name:** ROMA SERVICES, INC.

**Current Principal Place of Business:**

105 GATOR BLVD.  
BELLE GLADE, FL 33430-0427

**Current Mailing Address:**

POST OFFICE BOX 427  
BELLE GLADE, FL 33430-0427

**FEI Number:** 59-1271068

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DUBOIS, SILVIA R  
105 GATOR ROAD  
BELLE GLADE, FL 33430 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

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

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

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

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

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

Title VPD  
Name RODRIGUEZ, CARLOS  
Address 4560 SOUTH SHORE  
City-State-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

**SEC/TREAS**

**02/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date