


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90050 050 ***150.00

DOCUMENT # 329375	
1. Entity Name ROMA AIR CORPORATION	

Principal Place of Business 105 AIRPORT ROAD BELLE GLADE, FL 33430	Mailing Address PO BOX 454 BELLE GLADE, FL 33430
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40091173



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1304789	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

DUBOIS, SILVIA
P.O. BOX 427
105 AIRPORT ROAD
BELLE GLADE, FL 33430

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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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, FRANCISCO
STREET ADDRESS	P.O. BOX 454,NA
CITY-ST-ZIP	BELLE GLADE, FL
TITLE	VPD
NAME	RODRIGUEZ, PABLO
STREET ADDRESS	PO BOX 454
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	STD
NAME	DUBOIS, SILVIA R
STREET ADDRESS	PO BOX 427
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	VD
NAME	RODRIGUEZ, ROBERTO
STREET ADDRESS	4560 SOUTH SHORE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	VD
NAME	RODRIGUEZ, ADRIAN
STREET ADDRESS	4560 SOUTH SHORE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	VD
NAME	RODRIGREZ, CARLOS
STREET ADDRESS	4560 SOUTH SHORE
CITY-ST-ZIP	WEST PALM BEACH, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Silvia R Dubois **3/1/08** **561-9965108**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #