

**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**

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

6. Name and Address of Current Registered Agent

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(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	RODRIGUEZ, CARLOS
STREET ADDRESS	4560 SOUTH SHORE
CITY-ST-ZIP	WEST PALM BEACH, FL

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/08

561-9965108