


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90009 016 ***150.00

DOCUMENT # 345426	
1. Entity Name ROMA SERVICES, INC.	

Principal Place of Business AIRPORT ROAD P.O. BOX 427 BELLE GLADE FL 33430-0427	Mailing Address AIRPORT ROAD P.O. BOX 427 BELLE GLADE FL 33430-0427
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-1271068	Applied For
	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
DUBOIS, SILVIA R 105 AIRPORT ROAD BELLE GLADE FL 33430	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

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	<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)</small>	<small>DATE</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, FRANCISCO	NAME	
STREET ADDRESS	P.O. BOX 454, NA	STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBOIS, SILVIA R	NAME	
STREET ADDRESS	11633 WHITE MARSH DR.	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, PABLO	NAME	
STREET ADDRESS	P.O. BOX 454, NA	STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ROBERTO	NAME	V/D Roberto Rodriguez
STREET ADDRESS	4560 SOUTH SHORE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ADRIAN	NAME	V/A Adrian Rodriguez
STREET ADDRESS	4560 SOUTH SHORE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CARLOS	NAME	V/D Carlos Rodriguez
STREET ADDRESS	4560 SOUTH SHORE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	2-5-07 561-9965108
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>