

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 472594

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** ROMA PASTRY & BAKERY CORP.

**Current Principal Place of Business:**

475 RIOMAR DRIVE  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

475 RIO MAR DRIVE  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

475 RIOMAR DRIVE  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

475 RIO MAR DRIVE  
PORT ST. LUCIE, FL 34952

**FEI Number:** 59-1606930

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRANCACCHIO, LINO  
723 SW WHITEHURST AVENUE  
PORT ST. LUCIE, FL 34952 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: BRANCACCIO, LINO  
Address: 723 SE WHITEHURST AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D  
Name: BRANCACCIO, ALBERT  
Address: 2863 SE PACE DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: ST  
Name: BRANCACCIO, SAL  
Address: 1674 SE GREEN ACRES CIRCLE JJ 201  
City-St-Zip: PORT ST LUCIE, FL 34952

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: ALBERT BRANCACCIO

D

03/31/2011

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

\_\_\_\_\_  
Date