

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718042

FILED
Apr 21, 2009
Secretary of State

Entity Name: RO-MONT GARDENS SERVICE INC.

Current Principal Place of Business:

10 NW 204 TH STREET
MIAMI GARDENS, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

10 NW 204 TH STREET
MIAMI GARDENS, FL 33169 US

New Mailing Address:

FEI Number: 59-1284065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBERA, LUCIA MRS.
101 NW 204TH STREET #17X
MIAMI GARDENS, FL 33169 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: DP () Delete
Name: BARBERA, LUCIA MRS.
Address: 101 NW 204TH STREET 17X
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: DV () Delete
Name: LOMBARDO, JOSEPHINE MRS.
Address: 122 NE 204TH STREET #20
City-St-Zip: MIAMI GARDENS, FL 33179

Title: DT () Delete
Name: JOHNSON, JEAN MRS.
Address: 15 NW 204TH STREET #
City-St-Zip: MIAMI GARDENS, FL 33169

Title: DS () Delete
Name: NIEBERHALL, MARY MRS.
Address: 12 NE 204TH STREET #12
City-St-Zip: MIAMI GARDENS, FL 33179

Title: ASST () Delete
Name: KAPLAN, ELAINE MRS.
Address: 55 NW 204TH STREET #10
City-St-Zip: MIAMI GARDENS, FL 33169

Title: TTE () Delete
Name: MARIN, DORALISA MRS.
Address: 101 NW 204TH STREET # 28
City-St-Zip: MIAMI GARDENS, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ASST (X) Change () Addition
Name: HOWELL, SUSAN MRS.
Address: 12 NW 204TH STREET # 23
City-St-Zip: MIAMI GARDENS, FL 33179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCIA BARBERA

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date