

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718042

FILED  
Apr 24, 2012  
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.  
10 NW 204TH STREET  
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  
**Name:** BARBERA, LUCIA  
**Address:** 101 NW 204TH STREET #A17X  
**City-St-Zip:** MIAMI GARDENS, FL 33169 US

**Title:** DVP  
**Name:** DONATO, SCOTT  
**Address:** 51 NE 204 STREET #E06  
**City-St-Zip:** MIAMI GARDENS, FL 33179

**Title:** DT  
**Name:** JOHNSON, JEAN MRS.  
**Address:** 15 NW 204TH STREET #C04  
**City-St-Zip:** MIAMI GARDENS, FL 33169

**Title:** DS  
**Name:** DE BIASE, MARY  
**Address:** 101 NW 204 STREET #A04  
**City-St-Zip:** MIAMI GARDENS, FL 33169

**Title:** DTTE  
**Name:** LOMBARDO, JOSEPHINE .  
**Address:** 122 NE 204TH STREET #L20  
**City-St-Zip:** MIAMI GARDENS, FL 33179

**Title:** DTTE  
**Name:** MARIN, DORALISA MRS.  
**Address:** 101 NW 204TH STREET #A28  
**City-St-Zip:** MIAMI GARDENS, FL 33169

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LUCIA BARBERA

PRES

04/24/2012

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

\_\_\_\_\_  
Date