


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95258</b> 1. Entity Name <b>ROME INSURANCE CONSULTANTS, INC.</b>	
---	---

Principal Place of Business <b>1350 S FIELDLARK LN HOMESTEAD, FL 33035 US</b>	Mailing Address <b>P O BOX 902139 HOMESTEAD, FL 33090-2139 US</b>
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2209218</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  <b>GONZALEZ, ALFREDO L 2601 S. BAYSHORE DR., SUITE 1600 MIAMI, FL 33131</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MESA, RICHARD L 1350 S. FIELDLARK LN HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MESA, MARTHA 1350 S. FIELDLARK LN HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000022359 01/30/04-80041-016 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b> <i>Richard L. Mesa, Pres.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>1/28/04</i> <i>305 248-7760</i> <small>Date Daytime Phone #</small>
--	---