


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # F95258 1. Entity Name ROME INSURANCE CONSULTANTS, INC.	
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Principal Place of Business 1350 S FIELDLARK LN HOMESTEAD, FL 33035 US	Mailing Address P O BOX 902139 HOMESTEAD, FL 33090-2139 US
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DO NOT WRITE IN THIS SPACE



04022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2209218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GONZALEZ, ALFREDO L 2601 S. BAYSHORE DR., SUITE 1600 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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	
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04/20/05-80066-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Frederick L. Moya* **Rev.** 4/16/05 305 247-0977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone