## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95258

FILED Apr 14, 2008 Secretary of State

Entity Name: ROME INSURANCE CONSULTANTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1350 S FIELDLARK LN HOMESTEAD, FL 33035 US **Current Mailing Address: New Mailing Address:** P O BOX 902139 HOMESTEAD, FL 330902139 US FEI Number: 59-2209218 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GONZALEZ, ALFREDO L 2601 S. BAÝSHORE DR., SUITE 1600 MIAMI, FL 33131 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MESA, RICHARD L Name: Name: 1350 S, FIELDLARK LN Address: Address: City-St-Zip: HOMESTEAD, FL City-St-Zip: ( ) Delete Title: ٧S Title: (X) Change ( ) Addition MESA, MARTHA Name: Name: MESA, MARTHA 1350 S. FIELDLARK LN Address: 1350 S. FIELDLARK LN Address: HOMESTEAD, FL HOMESTEAD, FL 33035 City-St-Zip: 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD L. MESA **PRES** 04/14/2008