

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K57653

FILED
Apr 25, 2007
Secretary of State

Entity Name: ROMA ITALIAN DELIGHT RESTAURANT & PIZZERIA, INC.

Current Principal Place of Business:

% SALVATORE LAMOTTA
15660-4 SAN CARLOS BLVD
FT. MYERS, FL 33908

New Principal Place of Business:

SALVATORE LAMOTTA
15660-24 SAN CARLOS BLVD
FT. MYERS, FL 33908

Current Mailing Address:

% SALVATORE LAMOTTA
15660-4 SAN CARLOS BLVD
FT. MYERS, FL 33908

New Mailing Address:

SALVATORE LAMOTTA
15660-24 SAN CARLOS BLVD
FT. MYERS, FL 33908

FEI Number: 65-0092379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAMOTTA, SALVATORE
7203 TULAND DR.
FT. MYERS, FL 33908 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAMOTTA, SALVATORE,
Address: 7203 TULANE DR
City-St-Zip: FT. MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: SALVATORE LAMOTTA

OWNE

04/25/2007

Electronic Signature of Signing Officer or Director

Date