

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011348

Entity Name: ROMA INDUSTRIES LLC

FILED  
Jun 01, 2006  
Secretary of State

## Current Principal Place of Business:

609 EUCLID AVE  
#3  
MIAMI BEACH, FL 33139

## Current Mailing Address:

609 EUCLID AVE  
#3  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

1801 S.TREASURE DR.  
#506  
MIAMI BEACH, FL 33141

## New Mailing Address:

1801 S.TREASURE DR.  
#506  
MIAMI BEACH, FL 33141

FEI Number: 16-1695463      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ROMA, GREG  
609 EACLID AVENUE #3  
MIAMI BEACH, FL 33139      US

## Name and Address of New Registered Agent:

ROMA, GREG  
1801 S.TREASURE DR.  
506  
MIAMI BEACH, FL 33141      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: GREGORY S ROMA

06/01/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: ROMA, GREG  
Address: 609 EUCLID AVE  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: ROMA, GREG  
Address: 1801 S.TREASURE DR.  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GREGORY S. ROMA

MR.

06/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date