

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M23093

1. Entity Name
ROMA,CHAIN, INC.



Principal Place of Business
1600 NW 165 STREET
MIAMI, FL 33169 US

Mailing Address
1600 NW 165 STREET
MIAMI, FL 33169 US

FILED
Apr 09, 2008 08:00 AM
Secretary of State



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2671189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FRANCO, ABE
1600 NW 165 STREET
MIAMI, FL 33169

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U00000886804
04/18/08-80072-023 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FRANCO, ABE
STREET ADDRESS 1600 NW 165 STREET
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33169

TITLE VSD
NAME BEDA, RONNY
STREET ADDRESS 1600 NW 165 STREET
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronny Beda

4/1/08

Date

(305) 374-1169

Daytime Phone #