

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90072 040 ****61.25

DOCUMENT # N01000008108

1. Entity Name
ROMA FOUNDATION, CORP.



Principal Place of Business
**9516 GRIFFIN RD
COOPER CITY, FL 33328**

Mailing Address
**9516 GRIFFIN RD
COOPER CITY, FL 33328**

24051811



2. Principal Place of Business
3100 NW 72nd Ave.

3. Mailing Address
17331 SW 65th Court

02022004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.
108

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Southwest Ranches

4. FEI Number
75-3007903

Applied For
☐ Not Applicable

Zip
33122

Country
MADE

Zip
33331

Country
BROWARD

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, HELEN F.G.
17331 SW 65TH COURT
SOUTHWEST RANCHES, FL 33331**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MARTIN, HELEN
17331 SW 65TH CT
SOUTHWEST RANCHES, FL 33331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GUERREIRO, JOSE
17331 SW 65TH CT
SOUTHWEST RANCHES, FL 33331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MARTINS, CAROLINA
17331 SW 65TH CT
SOUTHWEST RANCHES, FL 33331** ☒ Delete

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**STD
Guerreiro, Jose
17331 SW 65 COURT
Southwest Ranches, FL 33331** ☒ Change ☒ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: **JL Martins** **02.18.2004** **(305) 436-9010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #