

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000007049

1. Entity Name
ROMANS SCHOOLS INC.



Principal Place of Business
**11515 SW 60 ST.
MIAMI, FL 33173 US**

Mailing Address
**11515 SW 60 ST.
MIAMI, FL 33173 US**



06292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0142497

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARRASTIA, JORGE J
11515 SW 60 ST
MIAMI, FL 33173**

**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 _____

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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARRASTIA, JORGE J
STREET ADDRESS	11515 SW 60 ST
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VP
NAME	CABANILLA, ENRIQUE
STREET ADDRESS	4117 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	SEC
NAME	DUYOS, RAFAEL
STREET ADDRESS	7704 SW 129 CT.
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	TREA
NAME	RODRIGUEZ, MARIA
STREET ADDRESS	7921 NW 169 TERRACE
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	VOC
NAME	MARTINEZ-FRAGA, PEDRO J
STREET ADDRESS	11251 SW 157 CT
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	VOC
NAME	ARAGON, MARITZA
STREET ADDRESS	2002 SW 84 CT
CITY-ST-ZIP	MIAMI, FL 33155

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07/05/05-80029-014 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE J. ARRASTIA

6/29/05

(305) 274-4889

Date

Daytime Phone #