

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002739

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** MISSION ROMA, INC

**Current Principal Place of Business:**

232 NW 80 AVE  
MARGATE, FL 33830 US

**New Principal Place of Business:**

6540 WINFIELD BLVD  
APT 103  
MARGATE, FL 33830 US

**Current Mailing Address:**

MISSION ROMA, INC %JUSTIN BOATWRIGHT  
232 NW 80 AVE  
MARGATE, FL 33830 US

**New Mailing Address:**

6540 WINFIELD BLVD  
APT 103  
MARGATE, FL 33830 US

**FEI Number:** 45-0587536

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOATWRIGHT, JUSTIN L  
232 NW 80 AVE  
MARGATE, FL 33063 US

**Name and Address of New Registered Agent:**

BOATWRIGHT, JUSTIN L  
6540 WINFIELD BLVD  
APT 103  
MARGATE, FL 33063 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: \_\_\_\_\_

04/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOATWRIGHT, JUSTIN L  
Address: 6540 WINFIELD BLVD APT 103  
City-St-Zip: MARGATE, FL 33063 US

Title: VP  
Name: NAJARRO, EDGAR  
Address: 7430 NW 65TH LANE  
City-St-Zip: PARKLAND, FL 33067 US

Title: S  
Name: ESPER, KIMBERLY  
Address: 6450 WINFIELD BLVD APT 103  
City-St-Zip: MARGATE, FL 33063 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JUSTIN L BOATWRIGHT

P

04/28/2010

Electronic Signature of Signing Officer or Director

Date