

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90235 001 ***150.00

DOCUMENT # P00000083339

1. Entity Name
RO-MA HOLDINGS AND COMPANY INC.



Principal Place of Business
**2300 CORAL WAY
SUITE 200
MIAMI, FL 33145**

Mailing Address
**2300 CORAL WAY
SUITE 200
MIAMI, FL 33145**

50020650



2. Principal Place of Business

3. Mailing Address

2482 S.W. 137 AVENUE

% 301 W. HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212005

Chg-P

CR2E034 (10/03)

City & State

City & State

MIAMI, FL

HALLANDALE BEACH, FL

4. FEI Number

65-1086248

Applied For

Not Applicable

Zip

Country

Zip

Country

33175

U.S.A.

33009

U.S.A.

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

FLORIDA ANNUAL REPORT SERVICES, INC.
C/O AMADA CANTERA LOPEZ
2300 CORAL WAY
MIAMI, FL 33145

Name

ROSENCRANZ & FERRERO - CARR

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

301 W. HALLANDALE BEACH BLVD

City

HALLANDALE BEACH

FL

Zip Code

33009

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

2/21/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, RAMON**
STREET ADDRESS **2300 CORAL WAY**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME **RODRIGUEZ, RAMON SR.**
STREET ADDRESS **% 301 W. HALLANDALE BEACH BLVD.**
CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

TITLE **SD** ☐ Change ☒ Addition
NAME **RODRIGUEZ, MARGARITA**
STREET ADDRESS **% 301 W. HALLANDALE BEACH BLVD.**
CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

TITLE **VPD** ☐ Change ☒ Addition
NAME **RODRIGUEZ, RAMON JR.**
STREET ADDRESS **% 301 W. HALLANDALE BEACH BLVD.**
CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

RAMON A. RODRIGUEZ

Date

Daytime Phone #

305-2071711