

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90037 036 \*\*\*150.00

**DOCUMENT # P00000085263**

1. Entity Name  
ROMA CITISERVICES, CORP.



Principal Place of Business  
17815 SW 10TH COURT  
PEMBROKE PINES, FL 33029

Mailing Address  
17815 SW 10TH COURT  
PEMBROKE PINES, FL 33029

**54065015**



07192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1059898

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PUCCIO, MARIA ELENA  
17815 SW 10TH COURT  
PEMBROKE PINES, FL 33019

**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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVT  
PUCCIO, MARIA ELENA  
17815 SW 10TH CT  
PEMBROKE PINES, FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Maria Elena Puccio* 6/30/04 646-3333  
President

*Attachment 54065015*

**June 30, 2004**

**Roma Citiservices, Corp.  
17815 SW 10 Court  
Pembroke Pines, FL 33029  
Document # P00000085263**

**Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**Re: 2004 Annual Report**

**Dear Florida Department of State:**

**The purpose of this correspondence is to request that you kindly relieve us of the late fees currently placed upon our above referred to organization for the 2004 Annual Report.**

**We never received the 2004 Annual Report Notice from the Florida Department of State.**

**Please accept our enclosed check in the amount of one hundred fifty dollars (\$ 150.00) as payment for the 2004 Annual Report and place our organization as current.**

**We apologize for any inconvenience we have caused and await your response.**

**Very Truly Yours,**



**Maria Elena Puccio  
President  
Roma Citiservices, Corp.  
Document # P00000085263**

**W/attachment – 2004 Annual Report, Document # P00000085263.**