

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01938**

1. Entity Name  
**ROMA BUILDING OF SUNCOAST CORP.**



Principal Place of Business  
**516 PATRICIA AVE  
DUNEDIN, FL 34698 US**

Mailing Address  
**516 PATRICIA AVE  
DUNEIDN, FL 34698 US**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-2022859**

Applied For  
Not Applicable

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

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

**COLUCCI SAM C  
516 PATRICIA AVE  
DUNEDIN, FL 34698**

**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 \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	COLUCCI, SAM C.
STREET ADDRESS	218 MIDWAY ISLAND
CITY-ST-ZIP	CLEARWATER, FL
TITLE	VP
NAME	COLUCCI, CARLO C.
STREET ADDRESS	218 MIDWAY ISLAND
CITY-ST-ZIP	CLEARWATER, FL
TITLE	VP
NAME	COLUCCI, FABIO
STREET ADDRESS	2700 BAYSHORE BLVD #499
CITY-ST-ZIP	DUNEDIN, FL

000000512827  
04/28/06-80107-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #