

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01938

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: ROMA BUILDING OF SUNCOAST CORP.

## Current Principal Place of Business:

516 PATRICIA AVE  
DUNEDIN, FL 34698 US

## New Principal Place of Business:

499 PATRICIA AVE  
SUITE B  
DUNEDIN, FL 34698 US

## Current Mailing Address:

516 PATRICIA AVE  
DUNEIDN, FL 34698 US

## New Mailing Address:

499 PATRICIA AVE  
SUITE B  
DUNEDIN, FL 34698 US

FEI Number: 38-2022859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLUCCI SAM C  
516 PATRICIA AVE  
DUNEDIN, FL 34698 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: COLUCCI, SAM C.  
Address: 218 MIDWAY ISLAND  
City-St-Zip: CLEARWATER, FL

Title: VP ( ) Delete  
Name: COLUCCI, CARLO C.  
Address: 218 MIDWAY ISLAND  
City-St-Zip: CLEARWATER, FL

Title: VP ( ) Delete  
Name: COLUCCI, FABIO  
Address: 2700 BAYSHORE BLVD #499  
City-St-Zip: DUNEDIN, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM C COLUCCI

PTA

03/27/2009

Electronic Signature of Signing Officer or Director

Date