

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099997

FILED
Sep 14, 2004
Secretary of State

Entity Name: "RIO ROMA" MARISTELA CORPORATION

Current Principal Place of Business:

202 N DALE MABRY HWY
TAMPA, FL 33609

New Principal Place of Business:

9743 FOX HOLLOW RD
TAMPA, FL 33647

Current Mailing Address:

202 N DALE MABRY HWY
TAMPA, FL 33609

New Mailing Address:

9743 FOX HOLLOW RD
TAMPA, FL 33647

FEI Number: 59-3697207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONTES, MARISTELA N
1911 E BEARSS AVE
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

PONTES, MARISTELA N
9743 FOX HOLLOW RD
TAMPA, FL 33647 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: MARISTELA PONTES

09/14/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PONTES, MARISTELA N
Address: 202 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARISTELA N. PONTES

VP

09/14/2004

Electronic Signature of Signing Officer or Director

Date