

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90177 010 \*\*\*150.00

**DOCUMENT # P03000103150**

1. Entity Name  
ROMAN CLEANING SERVICES, INC.



Principal Place of Business

5351 N.W. 200 TERR.  
OPA LOCKA, FL 33055

Mailing Address

5351 N.W. 200 TERR.  
OPA LOCKA, FL 33055

400000011



04182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0261247

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ROMAN, JULIO E  
5351 N.W. 200 TERR.  
OPA LOCKA, FL 33055

**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	D
NAME	ROMAN, JULIO E
STREET ADDRESS	5351 N.W. 200 TERR.
CITY- ST- ZIP	OPA LOCKA, FL 33055
TITLE	D
NAME	ROMAN, LUZ M
STREET ADDRESS	5351 N.W. 200 TERR.
CITY- ST- ZIP	OPA LOCKA, FL 33055
TITLE	D
NAME	ROMAN, JULIO JR.
STREET ADDRESS	16410 MIAMI DR., APT. #707
CITY- ST- ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
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 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: *Julio E Roman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 (305) 778-9564  
Date Daytime Phone #