## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000116608

Name:

Address: City-St-Zip: LAUX, ANTHONY

6252 BUCK DRIVE

JACKSONVILLE, FL 32221

FILED Apr 06, 2008 Secretary of State

Entity Name: CUSTOM INTERIORS BY ROMA, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6252 BUCK JACKSON\	(DRIVE /ILLE, FL 3222	21			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
6252 BUCK DRIVE JACKSONVILLE, FL 32221					
FEI Number:	20-0350018	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
ALL FLORIDA FIRM, INC. 465 S. VOLUSIA AVE. SUITE C ORANGE CITY, FL 32763 US			6252 BUCK DR.	COX, ROMA A OFFICER 6252 BUCK DR. JACKSONVILLE, FL 32221 US	
The above in the State		ubmits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: ROMA A. COX				04/06/2008	
Electronic Signature of Registered Agent Date					
Election Carr	ipaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () COX, ROMA 6252 BUCK DRI JACKSONVILLE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () COX, THOMAS 6252 BUCK DRI JACKSONVILLE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROMA COX MS. 04/06/2008