ANNUAL REPORT **FILED DOCUMENT # P04000025116** May 27, 2005 8:00 am Secretary of State ROMA FLORIDA PROPERTIES, INC. 04-21-2005 90222 046 ***150.00 Principal Place of Business Mailing Address 20237 NE 16TH PLACE 20237 NE 16TH PLACE MIAMI, FL 33179 MIAMI, FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARAK, ALEX T Street Address (P.O. Box Number is Not Acceptable) 4601 SHERIDAN ST SUITE 206 HOLLYWOOD, FL 33021 City-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, typed or priviled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PV\$T** TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME JAKUBOW, RAFAEL NAME 20237 NE 16TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33179 CITY-ST-ZIP TITLE ☐ Delete TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - -· 🔲 Delete nne---NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplier fills eport is true and accurate end that my signature shall have the same tegal effect as if made under cath; that I am an officer or director of the corporation or the receiver of justey 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 enhypowered.

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