

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000089936

FILED
Apr 26, 2008
Secretary of State

Entity Name: ROMA TILE OF WELLINGTON INC

Current Principal Place of Business:

137 SOUTH STATE ROAD 7
SUITE 304
ROYAL PALM BEACH, FL 33414

New Principal Place of Business:

Current Mailing Address:

137 SOUTH STATE ROAD 7
SUITE 304
ROYAL PALM BEACH, FL 33414

New Mailing Address:

FEI Number: 20-5205015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTMAN, STUART M
4700 N STATE ROAD 7
STE 208
FORT LAUDERDALE, FL 33319 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: P () Delete
Name: CLEMENTI, LORI
Address: 137 SOUTH STATE ROAD 7 STE 304
City-St-Zip: ROYAL PALM BEACH, FL 33414

Title: VP () Delete
Name: HAZAMY, DARLENE J
Address: 137 SOUTH STATE ROAD 7 STE 304
City-St-Zip: ROYAL PALM BEACH, FL 33414

Title: TREA () Delete
Name: CLEMENTI, JOSEPH
Address: 137 SOUTH STATE ROAD 7 STE 304
City-St-Zip: ROYAL PALM BEACH, FL 33414

Title: SEC () Delete
Name: HAZAMY, AHMED
Address: 137 SOUTH STATE ROAD 7 STE 304
City-St-Zip: ROYAL PALM BEACH, FL 33414

Title: D () Delete
Name: COTE, CHRISTOPHER
Address: 137 SOUTH STATE ROAD 7 STE 304
City-St-Zip: ROYAL PALM BEACH, FL 33414

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:

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: JOSEPH CLEMENTI

TREA

04/26/2008

Electronic Signature of Signing Officer or Director

Date