

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000068602

**FILED
May 04, 2009
Secretary of State****Entity Name:** ROMA ENTERPRISES INTL CORP**Current Principal Place of Business:**4005 NW 114 AVE
SUITE 5
DORAL, FL 33178 US**New Principal Place of Business:****Current Mailing Address:**

4005 NW 114 AVE
SUITE 5
DORAL, FL 33178 US**New Mailing Address:****FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:** **Name and Address of New Registered Agent:**MLP FINANCIAL GROUP, INC.
4005 NW 114TH AVE
SUITE 5
DORAL, FL 33178 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P Delete
Name: RAPOSO-MARTINS, LUCIANO
Address: 4005 NW 114TH AVE #5
City-St-Zip: DORAL, FL 33178 USTitle: Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P Change Addition
Name: DOS SANTOS DE RAPOSO, ROCELIA
Address: 4005 NW 114TH AVE #5
City-St-Zip: DORAL, FL 33178 USTitle: VP Change Addition
Name: RAPOSO-MARTINS, LUCIANO
Address: 4005 NW 114TH AVE #5
City-St-Zip: DORAL, FL 33178 US

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: LUCIANO RAPOSO-MARTINS

VP

05/04/2009

Electronic Signature of Signing Officer or Director

Date