

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000037253

FILED
Feb 26, 2009
Secretary of State**Entity Name:** ROMA CORP.**Current Principal Place of Business:**18550 NORTH BAY ROAD
SUNNY ISLES BEACH, FL 33160**New Principal Place of Business:****Current Mailing Address:**18550 NORTH BAY ROAD
SUNNY ISLES BEACH, FL 33160**New Mailing Address:****FEI Number:** 65-0570683**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GIVNER, JACOB J ESQ
18305 BISCAYNE BLVD.
STE. 402
AVENTURA, FL 33160 US**Name and Address of New Registered Agent:**VINCENT, GRANA
315 SOUTHEAST 7TH STREET
FIRST FLOOR
FORT LAUDERDALE, FL 33301 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: VINCENT GRANA

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: PERRON, LORRAINE
Address: 18550 N. BAY RD
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: D, T () Delete
Name: PERRON, LORRAINE
Address: 18550 N. BAY RD
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LORRAINE PERRON

DPT

02/26/2009

Electronic Signature of Signing Officer or Director

Date