

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000013904

Entity Name: DIROMA, INC.

FILED  
Apr 25, 2005  
Secretary of State

## Current Principal Place of Business:

FRONTON TRAILER PARK  
3617 N.W. 36 STREET  
MIAMI, FL 33142 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 741085  
BOYNTON BEACH, FL 334741085 US

## New Mailing Address:

FEI Number: 65-0571940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTORO, ROBERT  
9370 LAUREL GREEN DRIVE  
BOYNTON BEACH, FL 33437 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: DV ( ) Delete  
Name: CASTORO, MARY ELLEN  
Address: 19135 U.S. 19 NORTH APT. #H-10  
City-St-Zip: CLEARWATER, FL 34624

Title: DVS ( ) Delete  
Name: CASTORO, DIANE  
Address: 9370 LAUREL GREEN DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DPT ( ) Delete  
Name: CASTORO, ROBERT  
Address: 9370 LAUREL GREEN DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition  
Name: CASTORO, MARY ELLEN  
Address: 1118 11TH WAY  
City-St-Zip: WEST PALM BEACH, FL 33407

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 for the exemption stated in Section 119.07(3)(i), 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: ROBERT CASTORO

DPT

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date