## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P95000013904

Entity Name: DIROMA, INC.

FILED Aug 25, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business: DIROMA INC** 9370 LAUREL GREEN DR BOYNTON BEACH, FL 33437 US **Current Mailing Address: New Mailing Address: DIROMA INC** 100 BAY MARINA DR BSL, MS 39520 FEI Number: 65-0571940 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASTORO, ROBERT 9370 LAUREL GREEN DRIVE US BOYNTON BEACH, FL 33437 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition CASTORO, MARY ELLEN CASTORO, ROBERT Name: Name: 1118 11TH WAY 9370 LAUREL GREEN DRIVE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: BOYNTON BEACH, FL 33437

Title: DVS () Delete Title: () Change () Addition
Name: CASTORO DIANE Name:

 Name:
 CASTORO, DIANE
 Name:

 Address:
 9370 LAUREL GREEN DRIVE
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33437
 City-St-Zip:

Title: DPT ( ) Delete Title: D (X) Change ( ) Addition

Name: CASTORO, ROBERT Name: CASTORO, MARY
Address: 9370 LAUREL GREEN DRIVE Address: 1118 11TH WAY

City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT CASTORO DPT 08/25/2006