

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000005286

1. Entity Name
DIAROMA INC.



Principal Place of Business
C/O NICHOLAS FERNANDEZ
780 NW LE JEUNE RD STE 324
MIAMI, FL 33126 US

Mailing Address
780 NW LE JEUNE RD
STE 324
MIAMI, FL 3126 US



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0639691

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES INC
780 NW LE JEUNE RD
STE 324
MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DS
NAME ROMAGNOLI, ROBERTO
STREET ADDRESS 780 NW LE JEUNE RD STE 324
CITY-ST-ZIP MIAMI, FL 33126

TITLE DP
NAME ROMAGNOLI, DIONINO
STREET ADDRESS 780 NW LE JEUNE RD STE 324
CITY-ST-ZIP MIAMI, FL 33126

TITLE DT
NAME ROMAGNOLI, MARCO
STREET ADDRESS 780 NW LE JEUNE RD STE 324
CITY-ST-ZIP MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000187382
01/24/05-80010-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN-12-05 (305) 9047606

Date

Daytime Phone #