2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 08:00 A Secretary of State

DOCUMENT # P98000023532 1. Entity Name ROMA SQUARE, INC.			 		ecreta	ary 01 S	
Principal Place 516 PATRICI DUNEDIN, FI	CIA AVE.	Mailing Address 516 Patricia ave. Dunedin, FL 34698					٠.
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DO NOT WRITE IN THIS SPA			· ~=	03262008 No Chg-P CR2E034 (11/05)			
			CE	4. FEI Number 59-350			Applied For Not Applicable
			•		of Status Desired	☐ \$8.75 Fee Re	5 Additional equired
6. Name and Address of Current Registered Agent				<u></u>			
ROMAN & ROMAN 2196 MAIN ST., SUITE L DUNEDIN, FL 34698			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 egent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing \$5	5.00 May Be ded to Fees			
10.	OFFICERS AND DIRE	CTORS	1		000000	911142	_
TITLE	D COLUCCI, SAM C				05/07/08-	80027-02	3 150.00
NAME STREET ADDRESS	1		1				
CITY-ST-ZIP	DUNEDIN, FL 34698						
TITLE	D						į
NAME STREET ADDRESS	COLUCCI, CARLO C 516 PATRICIA AVE.						
CITY+ST-ZIP	DUNEDIN, FL 34698						
TITLE			1				
NAME							ĺ
STREET ADDRESS CITY-ST-ZIP				DO	NOT WE	₹ITE	

IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 of true the impowered 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!

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18-08

Oaytime Phone #