
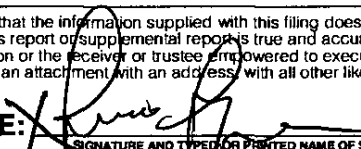


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90026 031 \*\*\*150.00

<b>DOCUMENT # P99000091403</b> 1. Entity Name <b>ROMA REAL ESTATE HOLDINGS, INC.</b>					
Principal Place of Business <b>171 N.W. 16TH AVENUE - Street</b> <b>POMPANO BEACH, FL 33060 US</b>			Mailing Address <b>171 N.W. 16TH AVENUE - Street</b> <b>POMPANO BEACH, FL 33060 US</b>		
2. Principal Place of Business <b>171 NW 16 St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>171 NW 16 Street</b> Suite, Apt. #, etc.			
City & State <b>Pompano Bch FL</b> Zip <b>33060</b>		City & State <b>Pompano Bch FL</b> Zip <b>33060</b>		4. FEI Number <b>65-0956010</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent  <b>LEPORE, LINO P</b> <b>171 NW 16 AVE - Street</b> <b>POMPANO BEACH, FL 33060</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>LEPORE, LINO P</b> <b>171 NW 16 AVE - Street</b> <b>POMPANO BEACH, FL 33060</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			<b>LINO LEPORE</b> Date <b>2/4/04</b> Daytime Phone #		

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