2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M37523

1. Entity Name
ROE CORP.

Principal Place of Business	Mailing Address
4185 PINE RIDGE LANE WESTON, FL 33331 US	4185 PINE RIDGE LANE WESTON, FL 33331 US

01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0054566
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERO, SAMUEL
4185 PINE RIDGE LANE
WESTON, FL 33331

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000450594
03/10/06-80012-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PERO, SAMUEL
STREET ADDRESS	4185 PINE RIDGE LANE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	VS
NAME	PERO, ROSANNE
STREET ADDRESS	4185 PINE RIDGE LANE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	D
NAME	MORGAN, DONNA
STREET ADDRESS	7620 NW 120 DR
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	D
NAME	PERO, KIM
STREET ADDRESS	4782 SUNKIST WAY
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	D
NAME	PERO, SAMUEL J
STREET ADDRESS	8843 BAY VILLA CT
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: SAMUEL PERO Samuel Pero 2-23-06 954-389-5091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #